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EDITORIAL COMMENT

WAR IN OUR TIME

One thought is in all minds as these words are written, that of the horrible conflict taking place in Europe, involving, directly or indirectly, the well-being of all nations, such warfare as seemed a thing of the past, belonging to barbarism rather than to civilization. All must be anxiously asking themselves whether this great carnage was needed as an object lesson, and whether it will lead to a greater horror of war than has before been prevalent. Most of the rulers and fighting men of the nations involved are men in young or middle life, only a small percentage has known war at first hand; hereafter, those who survive will know it in its true colors, and they should be interested in the possibility of settling disputes by arbitration as never before. "Give peace in our time, O Lord," is the prayer in many hearts, yet we believe we have taken some steps in advance since that prayer was written, and most of us wish to pray not only for peace in our time, but for peace in all time, peace which is consistent with an honorable and humane method of settling the differences that must arise between countries so long as they are peopled by men, not angels.

THE LATEST WORD FROM THE RED CROSS

Since the earliest records that have come down to us, women have felt the obligations of war, as well as have men. The care of the sick and wounded naturally falls to them, and we read of women in high positions in foreign countries volunteering for Red Cross service. In this country only trained nurses are allowed to serve in this capacity and already our Red Cross Nursing Service is ready for the demand that may be made upon it. We asked Miss Delano for the latest word from the Red Cross before our pages closed and have from her a letter written in

the midst of pressing duties, but so full of interest that we are publishing it nearly in full, knowing how eager our nurses will be for just this news from headquarters.

With the pressure of work now overwhelming the office it is absolutely impossible for me to prepare any formal article for the Red Cross Department. I will, however, tell as nearly as possible the progress of events in Washington and will ask you to use it in any way that you desire.

I was called back to Washington for a meeting on August 5, of the International and War Relief Boards of the American Red Cross, held in the office of the Surgeon-General of the Army. It was decided at that meeting to offer units of twelve nurses and three physicians to all of the European nations now at war. Several committees were appointed at this meeting, one to consider the question of chartering a suitable vessel, of which Surgeon-General Braisted of the Navy is chairman; one on medical personnel; and another on nursing personnel, of which I am chairman. In order that the identity of the ship chartered might be certain, it was decided to have the ship painted white with a red band encircling the hull with red crosses painted on the smoke stacks, the ship of course flying Red Cross flags. Offers have been sent to all of the European nations in which a state of war exists and I have begun at once securing at least 120 enrolled Red Cross nurses. Not knowing how soon we should hear from the countries to whom we have offered nurses, it seemed desirable to secure as many nurses as possible from points easily accessible to New York, from which the ship will sail. Requests for nurses have been sent to the following local committees: Boston, Connecticut, Manhattan, Brooklyn, Albany, Buffalo, Rochester, Baltimore, New Jersey, Philadelphia, Cleveland, and Cincinnati.

There are numerous complications in selecting nurses for this particular service. It has been quite definitely decided that native born women should be selected on account of the difficulty in issuing pass-ports to any others. It is also most desirable that as many of the nurses as possible speak some European language and ordinarily this would mean the selection of foreign-born women. Physical examination, anti-typhoid treatment and vaccination for smallpox will of course be required.

We are busy preparing various supplies to be sent out with the personnel. We are having waterproof canvas bags made conspicuously marked with the Red Cross, and these will be used by physicians and nurses for all luggage not carried in their hands. It will be difficult to transport any quantity of luggage, and having the parcels uniform in style will minimize the danger of loss. Olive green blankets, also plainly marked with the Red Cross, will be supplied for use not only on the steamer but after arrival if needed. I have also requested the Red Cross to supply the uniforms without cost to the nurses. The blue crepe ordered from Japan for our permanent Red Cross uniforms will not reach this country in time, and I dislike very much asking the nurses to go to this unusual expense for anything adopted temporarily. The uniforms are being made in New York and will include blue-gray gingham dresses, white aprons of the special style adopted, soft turn-over collars, blue capes lined with red and decorated with the Red Cross on left front, with soft blue felt hats to match. Many of the ladies in Washington are assisting us in preparing little comforts and necessities for the group of nurses selected. Responses are coming in not only from the local committees notified, but many Red Cross nurses throughout the country are also volunteering.

Several countries have already asked for Red Cross assistance and about an hour ago a formal acceptance of the offer of the American Red Cross was received from the Russian Government. It is impossible to say at this time when the nurses will be sent, but we are making every effort to have them ready should the call come unexpectedly. It is quite probable that a second contingent of nurses will be sent over, for if the war continues on such a scale as present circumstances seem to indicate there will be great need of a large nursing personnel. I am sure that the nurses who have helped organize the present Nursing Service will be gratified to know that we have been consulted by various European countries both in regard to our system of organization and standards for our Nursing Service.

It was through the standing of our Red Cross Nursing Service that Miss Hay was selected to establish a training school in Sofia, Bulgaria, according to our American methods. Miss Hay was to have sailed from New York on August 4, but a cablegram from the Queen, received a day or two before the ship was to sail, asked that Miss Hay's departure be delayed on account of the difficulty in securing transportation through Servia. Miss Hay has therefore been selected as an employee of the Red Cross to take charge of the group of nurses sent out and is assisting local committees in the selection of these nurses. She will accompany the nurses to the various countries to which our groups are assigned, and will remain in Europe either in charge of one of the groups, or to maintain general supervision if this can be arranged.

I regret that I am unable to send you with this the names of the nurses selected to take charge of the various groups.

THE NAVY DEPARTMENT AND THE RED CROSS

Perhaps because of the fact that the Army Nurse Corps was established some little time in advance of the Navy Nurse Corps, the idea has become fixed in the minds of many nurses that the Red Cross is to act as an army reserve, and not as a navy reserve, in time of war or disaster. We want to emphasize the fact that the Red Cross Nursing Service is to act as a reserve for both the army and navy. In time of disturbance with any other power the navy is first to be called into action, as was shown in the recent trouble in Mexico and less recently in Cuba.

The Navy Nurse Corps is organized on practically the same lines as the Army Nurse Corps. At the time of the St. Louis meetings, Mrs. Higbee, superintendent of the Navy Nurse Corps, was held at her post for the same reason as that which kept Miss McIsaac, superintendent of the Army Nurse Corps, in Washington, and the period of waiting and suspense was quite as great in the nursing department of the navy as in that of the army.

Mrs. Higbee writes of the present situation:

Should the fleet of the United States navy become involved in the present European war and additional hospital ships be required to care for the sick of our navy, the Surgeon-General will recommend that nurses be assigned to these ships. This action, and the fact that our base hospitals may be filled with patients, will

necessitate an increase in the number of navy nurses and may require us to obtain nurses from the Red Cross, which is the national reserve. The United States is a neutral power, however, and there is little possibility that her navy will be involved in active combat.

No doubt you have been officially informed that assistance may be offered to the nations at war through the Red Cross. A number of navy nurses, who are members of the Red Cross, have requested that they may be assigned to that service for present active duty in foreign countries. In view of the fact that it is essential that our hospitals should not be depleted of their personnel, it is doubtful if the Surgeon-General will approve these requests.

The predominant belief of the navy authorities is that we shall better serve our country by remaining in a state of preparedness than by offering the assistance of our personnel, at present, to other countries.

OUR NURSES ABROAD

It had seemed to us, even before there was a possibility of war, that there had never been so many nurses abroad for the summer. Some of these are well known, many are not, for all we are most anxious. News of the safety of a few has reached us, and it is hoped that most have escaped from the danger zones. Of the JOURNAL's editorial staff, Miss Riddle and Miss Foley have been away. Miss Riddle has returned (also Miss Catton, who accompanied her), but Miss Foley, at her last writing, was in Keswick, England, and intended going to Germany. Miss Nutting, Miss Goodrich and Miss Nevins are in London, making the best of a bad situation. Miss Deans had fortunately returned to this country before trouble arose. Miss Samuel, of Cleveland, Miss Jones of Rochester, Miss Brink, of Bellevue, are, we suppose, still abroad, but we do not know of their whereabouts.

THE NIGHTINGALE MEMORIAL

With the plans for an educational memorial to Florence Nightingale by the nurses of the whole world developing so splendidly, it is most humiliating that the condition described by Miss Dock in this issue on another page should have arisen to retard the project. It is the same kind of petty selfishness that we find the world over, the personal desire to dominate coming before the larger humanitarian issues so as to obscure not only the tribute to Miss Nightingale but the educational benefit to the nurse of the future, which leads directly to the more efficient care of the sick both in the hospital and in the home.

If it were only possible to bring it about, we see in this situation a large opportunity for a tremendous coöperative project by combining the Nightingale Fund with the contributions from nurses of the world and others, whereby there could be established in London, not merely a department of nursing in an established college, but a separate college of nursing

where, from the foundation up, women could be prepared to enter the nursing field.

With the rush and strain of modern life no existing educational institution, either high school or college, gives, in a reasonable time and at a non-prohibitive cost, the most effective kind of preparation for students in this field. By a process of elimination and substitution we believe a course could be evolved which would give to the nurse of the future the culture and knowledge necessary to meet the increased demands of the profession.

In spite of what seems a hopeless situation we dare to believe that those interested will not permit such an opportunity to be lost but that all the forces at work for the establishment of this memorial will be directed toward one great educational memorial worthy of the woman to whom it is dedicated and of the spirit by which it is inspired.

NURSING JOURNALS AND THE WORK OF STATE REGISTRATON

It has long been recognized that in the east the work of state registration could not have been carried forward without the JOURNAL. Through the knowledge conveyed from one state to another of what was being accomplished, the statutes all over the country are practically the same, differing in detail according to local conditions. On the Pacific Coast, the *Pacific Coast Journal of Nursing* has done a wonderful work in developing the work of registration in California. From Miss Jamme, Director of the Bureau of Registration of Nurses, we learn that the period of waiver in the law of California closed on July 1. At that date there had been 4862 applications without examination. It is a remarkable fact that this large number responded during the nine months of the waiver and this may be attributed to the insistent activity of the county associations, alumnae associations, and the individual hospitals to get all eligible graduates registered under this clause. Large publicity was given in the papers throughout the state. The *Pacific Coast Journal of Nursing* and the Monthly Bulletin of the State Board of Health have proved a medium through which physicians and the public could be made aware of the existence of the law and the importance of each nurse being registered. The *Pacific Coast Journal of Nursing* carried with the registration news a list of the nurses as they were registered by the State Board of Health.

The importance and possibilities of nursing journals cannot be measured in their value to every individual nurse in carrying to her the important message of her profession. In every instance where a nurse did not know that she could avail herself of her privilege to register with-

out examination, the Bureau found she had not been in touch with any organization or nursing journal.

The coöperation of the hospitals in the work of the Bureau has been universal. The good will and spirit of interest and desire to have the schools accredited and as nearly as it is possible to bring them to uniform standing has been marked. California has a very large territory and a large rural population. Many hospitals in the rural communities are needed and afford a very excellent field for teaching, which can be strengthened by affiliation with a larger institution affording wider experience. It is the intention of the State Board of Health to assist these schools in establishing and maintaining the standards required, which will make them of value as vocational schools in the education of young women of the state. The Bureau is receiving very earnest coöperation in this work from the education department of the state and also the Civil Service Commission. There are many possibilities in this that may be worked out to the mutual good of all concerned.

Naturally there are difficulties but it has been the good fortune of the workers to have been very ably assisted in the interpretation of the law by the Attorney of the State Board of Health, who has given most valuable opinions as difficulties appeared. These opinions have been published in the *Pacific Coast Journal of Nursing* in order that the nurses could be in touch with the work of the Bureau.

THE SAN DIEGO EXPOSITION

One of our California readers calls our attention to the fact that the JOURNAL has not yet made mention of the exposition at San Diego as an attraction for visitors to our national and international meetings. In point of fact, those who wish to see California in miniature and who cannot take time to travel through the state, may find in the San Diego exposition all that they are seeking, for it is to be a living, growing, out-of-door exhibit in a special sense. There are to be groves of oranges, growing and being irrigated and gathered as the seasons pass, there are to be flocks of sheep and shearing, there is to be tree spraying, for the enthusiast in that line, there are to be trees, flowers, shrubs and birds from all the world, not in cages, but living out of doors. The exposition is to be open for an entire year, as San Diego's climate is one of the most equable in the world, and best of all, perhaps, there are to be no exorbitant hotel rates permitted. As San Diego itself is situated on a most beautiful bay, the surroundings will be all one could wish. It will be possible to include this smaller exposition in a trip to California without much additional expense, if any, but it should be planned for in advance so that tickets may be made out to include it.

JOURNAL SUBSCRIPTIONS AND CONTRIBUTIONS

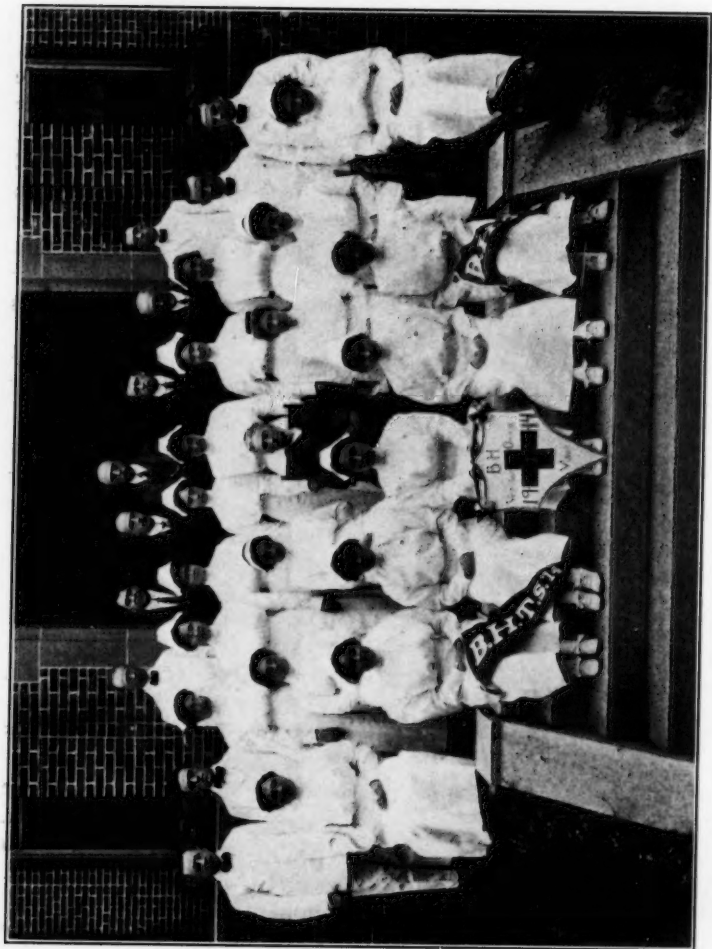
We wish to ask those of our readers who are especially interested in the welfare of the JOURNAL to kindly remember when sending subscriptions to state whether they are sending new subscriptions or renewals, and, if the latter, with which month they should begin. This will save much valuable time and materially lessen the cost of clerical service in the JOURNAL office. We also wish to remind our subscribers that the new volume commences with the October number and that renewals should be made promptly. We cannot guarantee unbroken files if an interval of several months is allowed to elapse between the time of expiration and that of renewal.

We wish to again emphasize the fact that cash sent in letters which are unregistered is at the sender's own risk. This may be done many times without mishap but accidents do occur. A number of such losses have been reported within a short time.

With this issue the JOURNAL closes its fourteenth volume. A year ago at this time its affairs were in great confusion, owing to the change of printer. We begin this new volume with the work in the Rochester office splendidly organized, with every promise of being able to give an efficient service during the coming year. We wish to thank those of our subscribers who have been the victims of this confusion for their patience and courtesy and we wish it were possible to make individual acknowledgment to all those nurses who have helped in the establishment and up-building of the JOURNAL.

Many of those who, for years, have worked steadily and faithfully in its interests are women wholly unknown to the nursing world at large though their names seem like those of personal friends to the editors at Rochester who have learned to know upon whom they can depend.

We should like to remind the officers of local and state associations that the best of the papers read at their meetings should be sent to the JOURNAL for possible publication. We always prefer papers on nursing subjects, written by nurses, rather than those on medical subjects written by doctors, as this is a nursing magazine. Articles written by physicians must be of scientific value to be acceptable. We do not publish fiction, poetry, formal obituary notices, or graduating addresses, with some rare exceptions, but practical helpful articles which will be of value to the nurse in her work are always welcomed and even though a nurse may not think herself a good writer, from a literary standpoint, if her paper has good workable ideas the wording can be revised in the editorial office. All original articles which have not been read or published elsewhere are paid for at the time of publication. Articles which have been read at



MISS LINDA RICHARDS AND THE CLASS OF 1914, BUTLER HOSPITAL, PROVIDENCE, RHODE ISLAND

meetings are welcomed but are not paid for, though extra copies of the JOURNAL in which such an article appears will be sent to the author if she so desires.

There is no charge for the insertion of news items and those of interest to the nursing world are desired.

We wish to thank secretaries of associations who have so cordially responded to our request for a list of their members.

MISS RICHARDS AT A TRAINING SCHOOL GRADUATION

The old pupils of Miss Linda Richards, all over the world, will be interested in seeing the accompanying illustration which shows her surrounded by this year's graduates of the Butler Hospital Training School, Providence, Rhode Island, where she was a guest some little time ago and gave the address to the class. It has been very many years since Miss Richards' friends have seen a fresh likeness of her, and it is through the courtesy of Miss Cleland, once a pupil of Miss Richards, and now superintendent of nurses at Butler Hospital, that we are reproducing this one in the class group.

Miss Richards' address was on The Growth in Importance and Recognition of Training Schools in Mental Hospitals, in which she showed the evolution which has taken place in this important branch of nurse training and of the opposition which was encountered at the outset.

Miss Cleland voices the regret that every one must feel that more of the younger generation of nurses cannot come under Miss Richards' influence and feel "that wonderful sweet magnetism" which has been an inspiration to others for so many years.

A PERMANENT DEMONSTRATION

The New Jersey State Board of Examiners, whose curriculum we noticed some months ago, has now issued, in uniform size with the curriculum, a booklet entitled *Illustrations of Modern Methods of Class Instruction, Treatment Trays, Box System for Supplies, etc.* A preface explains that the object of the Board in issuing the book is to establish more uniform methods in the schools throughout the state. There follow 23 pages of photographs, with no text except the necessary explanation of the picture. The first picture shows a typical supply closet with its shelves filled with boxes and trays; the second shows a class supply closet; others elaborate the details of the various boxes and trays, showing also a model clothes closet, a solution stand and a dressing carriage. The last eight pages show a hospital doll in various postures, illustrating, as nearly as possible, the proper arrangements to be

made for administering various kinds of treatment. The whole booklet is not only unique, but most valuable, and other state boards may find it of advantage to copy the idea, which is not patented.

UNIVERSITY EXTENSION COURSE IN PUBLIC HEALTH NURSING

Too late for insertion in our letter department comes a request from the executive secretary of the National Organization for Public Health Nursing, Ella Phillips Crandall, as follows:

How many nurses will avail themselves of a University Extension Course in Public Health Nursing if it were to be offered, the theoretical portion of which can be pursued while the nurse continues her regular occupation and the practical portion arranged for under the direction of some near-by visiting nurse association of recognized standing, during which latter period she will receive half-pay? The probable cost will be fifty dollars.

Replies may be sent directly to Miss Crandall whose address is always to be found in the Official Directory at the end of each copy of the JOURNAL.

A San Francisco paper, commenting on The War and the Exposition, says:

It goes without saying that the war in Europe, particularly if it shall be long sustained, must have important effects in relation to our exposition. First and most obviously it will put limitations upon European exhibitors. None of the countries involved in war are likely to invest much money or energy in what may be regarded as a holiday enterprise far from the home base. The war, too, will give to ocean fleets other than our own abundant occupation elsewhere. But a comprehensive and beautiful exposition may still be furnished forth by what is surely pledged and by what may be supplied by our own country and adjacent countries in the Pacific Ocean. The best of every fair, be it great or small, is that which is provided by the art and industry of the country in which it is held.

Nor can we expect, if the war shall last long, any great attendance of Europeans. They will have neither the means nor the disposition to go gallivanting about the world. On the other hand, the war in Europe is likely to divert to California multitudes who in the ordinary course of their journeyings would go elsewhere. The "summer trip" is in this country a fixed institution and a habit. Its larger objective is Europe. With the gates of Europe shut it will look elsewhere. Many thousands who under normal conditions would never have thought of making the trip across the continent will surely come to us in 1915. On the whole we think it reasonable to hope that our losses will be offset by our gains under the limitations and effects of the war.

THE RÔLE OF THE NURSE IN THE CAMPAIGN AGAINST CANCER

By CURTIS E. LAKEMAN

Executive Secretary, American Society for the Control of Cancer

At their recent joint annual convention in St. Louis each of the three national organizations of nurses adopted resolutions pledging co-operation in the work of the American Society for the Control of Cancer. It is the object of the present article to explain why this Society brought its purposes to the attention of the nursing profession and why the coöperation so generously pledged means the enlistment of a powerful force in the war against cancer.

The opportunity of the nurse, and especially the visiting nurse, to save lives which would otherwise be sacrificed to cancer is a prospect which must appeal to every woman who enters upon this calling. It was the belief that nurses are in a position to render unusual service in the efforts to lower the death rate from this malignant disease, that the American Society for the Control of Cancer, in April of this year, addressed an official communication to the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, asking the assistance of their members in carrying out the purpose of the Society, namely, "to disseminate knowledge concerning the symptoms, diagnosis, treatment and prevention of cancer, to investigate the conditions under which cancer is found and to compile statistics in regard thereto."

The hope of cure. How then is it possible to control cancer and what can nurses do to help? Cancer is often thought of as a terrible incurable disease, the cause of which in spite of many years of research, is as yet unknown. Nurses are familiar with the disease in its advanced stages, having seen many cases in their hospital training. Perhaps it is not at first clear how any headway can be made against such a disease by organizing an educational society and carrying on a campaign of publicity such as that which has marked the battle against tuberculosis.

The answer is that cancer, like tuberculosis or like a fire in a house, must be taken at the beginning if it is to be successfully attacked. In early recognition and prompt surgical treatment lies the only trustworthy means of cure in practically all forms of cancer. To bring this simple fact home to the people will require the most patient and persistent effort and the hearty coöperation of all available agencies.

Once this knowledge has been as widely disseminated as the facts about tuberculosis, the cancer death rate will surely fall, instead of showing an increase each year as it does now.

Early cancer a local disease. Cancer is not a hopeless, incurable affliction. Modern surgical methods, as opposed to those in vogue before the introduction of anesthetics and aseptic technique, have advanced far toward the conquest of malignant disease. To be sure, no specific cure is known, as we do not yet know the ultimate cause of cancer. Nevertheless it is important to remember that we do know a great deal about the conditions under which the disease develops and by educating the public we can do much to prevent the disease from running a fatal course. Most important of all, we know beyond a doubt two great facts which should be repeated over and over until they are familiar to every adult person.

The first of these facts is that cancer is, in the beginning, a local disease. Cancer, as all nurses understand, is a lawless development of epithelial cells, which grow without regard to the neighboring tissue until eventually the whole system may be involved. It is of the utmost importance to know that this lawless development begins in one small microscopic cell or group of cells, and is therefore *purely local*. If the growth could always be detected and removed at that stage, cancer would come far from being the dreaded disease that it is at present. It is a superstition coming down from the earlier days of surgical history that cancer is a general disease of the system. It used to be thought a constitutional ailment because apparently it always returned after being cut out or appeared in some other part of the body in the manner of "blood diseases." The surgeons of those days did the best they could in the light of their knowledge but the progress of medical science has since shown us the reason why they were not more successful with cancer. It was not because cancer was "in the blood," but simply because their operations were not complete and cancer cells were left behind to start new growths. The microscope has now brought full knowledge of the paths by which the cancerous cells are carried to other parts of the body and, as a result, the modern operative technique is repeatedly successful in exterminating the disease.

Prompt action necessary. The second great fact is that although cancer starts in one spot it spreads with greater or less rapidity to other tissues and organs and, if neglected, eventually involves the whole system. This means that the time for action for the surgical interference which alone can save the patient, is usually very short, sometimes a matter of only a few weeks. Different forms of the disease

spread with differing degrees of rapidity and safety lies only in the earliest possible treatment.

Here, then, we have the whole subject in a nutshell. And the great pity is that the public and the majority of patients either do not generally know these two simple facts about cancer or do not act on their knowledge if they possess it. Cancer is curable. It is at first a local disease but it quickly spreads into other parts of the body. To obtain good results from even the best surgery it is therefore highly necessary that the patient should submit to operation before extension has taken place. In theory it is apparent that any cancer which can be reached by the surgeon is curable on the condition that the operation is performed early in the course of the disease. Now probably four-fifths of all cancers are accessible to the modern surgeon and therefore curable, yet at present perhaps ninety per cent of all cases are fatal! What is the reason for this state of affairs? Simply that the greater number of patients, through ignorance or fear, postpone for months or even years the visit to the physician or surgeon which opens the way to the only hope of cure. The surgeons of today have become nearly as expert in operating for cancer as it is possible to become. The only way in which the number of cures can be raised from the present 10 per cent to the possible 80 per cent is to secure the coöperation of the patients themselves and get them to seek treatment earlier. Every adult person should be taught to recognize the first signs of cancer and the necessity of obtaining medical advice as soon as possible.

The campaign against cancer. The campaign against cancer which is now being widely undertaken by public authorities and medical and social organizations in this and other countries, means primarily the effort to bring home to every man and every woman, those few simple facts about the disease which will enable them, if attacked, to apply to the physician in time to be saved. The first person to undertake this educational work was Dr. Georg Winter, professor of gynecology at the University of Königsberg in the eastern part of Germany. Professor Winter was profoundly impressed with the evidence that the failure to successfully cure cancer was due to the fact that the patients came too late. He therefore undertook a plan of general education by writing articles in the newspapers, preparing circulars for the instruction of patients, especially women, and addressing special appeals to physicians and midwives. Since 1907 the cancer death rate in Königsberg has actually decreased from 139 per one hundred thousand of the population to 118 for the year 1912, a striking phenomenon when it is considered that nearly everywhere the recorded death rate is steadily increasing.

In England. In Portsmouth, England, a unique educational movement has been started by Dr. Charles P. Childe, another surgeon whose experience, proving the need of earlier operations, actually drove him to do something about it. In 1906 Dr. Childe set forth his views in a popular and very readable book called *The Control of a Scourge*. Subsequently he became a member of the Portsmouth Town Council and at his instance the city government has recently commenced a general campaign of education, the first of its kind under public auspices. The health department distributes circulars giving in simple form the chief symptoms of the various kinds of cancer. This circular is also regularly published as an official notice in the Portsmouth newspapers. Every year a special meeting is to be arranged at which a lecture on cancer will be given for the benefit of nurses, social workers and women interested generally in medical and charitable work. The English Central Midwives Board has already issued a circular of instruction to midwives and it is the intention in the Portsmouth campaign to extend the instruction to others than midwives and to forms of the disease other than cancer of the uterus.

In the United States. In America the educational campaign has so far been undertaken principally by the organized medical profession. Several of the state medical societies have appointed special cancer committees or committees on public instruction, which include cancer among their topics. The Clinical Congress of Surgeons of North America has appointed a committee on cancer education and has caused the publication of several popular magazine articles. The American Society for the Control of Cancer has undertaken a campaign of national scope and is now endeavoring to coördinate all the forces working in this field. This Society was formed in 1912 as a result of the efforts of a special committee of the American Gynecological Society and has subsequently received the endorsement of the American Congress of Physicians and Surgeons, the American Medical Association, the American Surgical Association and many other medical societies.

The part the nurse must take. The part which the nurse must play in this necessary and humane work is quite evident. Again and again the nurse, coming into contact with patients and other members of the family in their home, is the first person whose advice is sought when any unusual symptom is observed. The great danger about cancer is that its approach is so insidious as to cause little alarm. There is at first only a small lump, a slight bleeding or an insignificant sore. Probably most people think of cancer in connection with a trying experience with some advanced case of the disease. They cannot conceive that these insignificant seeming little signs are one and the same disease

as that which has caused the death of some relative or friend after weeks or months of great suffering. If the early symptoms of cancer caused half as much trouble as a toothache, many more lives would be saved, because the patient would be driven to seek relief in time. It is this ignorance which is the most serious obstacle to a greater number of cures and it is this ignorance which the various educational movements are trying to remove. Almost every surgeon tells the same story. The patient comes to him with an inoperable cancer or at least one requiring a serious and dangerous operation. This first visit is often months and months after some symptom had been noticed. Actual figures recently tabulated from the case records of a New York surgeon showed that among sixty-five patients the average was 11.9 months for women and 12.2 months for men. Then always comes the question, "Why did you not come sooner?" And too often the reply, "I suffered no pain: I did not suppose it could be anything serious." If only some wise friend and adviser had been at hand to warn them of their danger! If they had only been told that the little lump in the breast, the slight irregularity or increased frequency of bleeding, the little sore on the lip or tongue, the persistent "indigestion," might well mean cancer and ought to be taken to the physician at once, how much misery, how many lives even, might have been saved!

Now who more readily than the nurse can be expected to give first aid in the form of sound advice to many a person in such a condition? It is not for the nurse to say whether the condition is cancer or not. It is most emphatically for the nurse, when she is asked about symptoms, to urge a consultation with a physician or surgeon with all the earnestness and emphasis at her command. It is even her duty, perhaps often her unpleasant duty, to remember the case, follow it up and do everything in her power to bring about the consultation which alone will mean certainty. The advantage of the nurse in this case is that from her position and general knowledge and intimate contact with people in their homes she is much more likely than other women to be asked for advice. In fact in many cases she is apt to be asked before the doctor. Women obviously prefer in many instances to speak of such symptoms to the nurse who has come to be their friend and guide.

Lectures in training schools. It is clear that all nurses ought to be thoroughly familiar with the essential facts about cancer. It is not necessary that they should burden themselves with any extended study of the disease. Only elementary knowledge is necessary to enable them to know when a patient is perhaps in danger and to advise and insist on medical counsel. Any person who can read can obtain this knowledge from a simple book like that by Dr. Childe already referred to.

Every nurse should be provided with such knowledge as part of her equipment. Nurses as a rule are familiar with cancer in its advanced stages because they have seen cases in their hospital training. They do not have the opportunity, however, of seeing cancer in the early stages and it is therefore very important that the training school should supply the deficiency by arranging sufficient lectures on the early symptoms of malignancy. The American Society for the Control of Cancer recently took occasion to call the attention of all the superintendents of training schools in New York City to the importance of this subject, urging as a beginning that in making up the curriculum, at least one lecture a year on the early symptoms of cancer be provided for. An offer was also made to coöperate with nurses' organizations or clubs by sending speakers to address any meeting that might be arranged. This offer was promptly accepted by the Nurses' Settlement and one of the physicians of the Cancer Society gave a talk to eighty of the visiting nurses of Miss Wald's staff, describing in simple language the early symptoms of cancer of the uterus and the need of early recognition and operation. A similar meeting will be held early in the autumn for the benefit of the several hundred visiting nurses of the New York City Health Department.

In this article I have tried merely to give a general idea of the kind of campaign that is being carried on against cancer and to point out what a very important part the nurse can and ought to take in these efforts. In order that all the readers of this JOURNAL may have the benefit of a simple but authoritative statement of the early symptoms of various forms of cancer the editor has kindly consented to print additional articles to be written in the series by physicians connected with the American Society for the Control of Cancer, which includes in its governing board some of the most eminent specialists of the country.

THE DUTIES OF AN ARMY NURSE

By MARGARET McCLOSKEY MURPHY, R.N.

I have been asked many times to speak of the duties of an army nurse but this is a difficult subject in the sense that those duties may change as time goes on and in that case my words would only tend to mislead. I am speaking solely of the time when I was in the Corps.

Caring for the sick in army life is not different from caring for the sick in civilian life; the methods of nursing and treatment of the patient are identical with those which we find in all modern hospitals. It is the nurse's surroundings, the people with whom she has to come in

contact and the various countries she is called upon to visit which constitute the difference between the army nurse and the civilian. The United States Army is composed of three parts: the commissioned officers, the enlisted men and the army nurses, who are neither commissioned nor enlisted but appointed. The appointment is for a period of three years which can be renewed at will. The nurse is not obliged to remain a day longer than she wishes but when she engages for three years her honor should hold her to her word, unless she has some very excellent reason for leaving sooner.

The first step for the nurse is to make application to the Surgeon General or to the Superintendent of the Army Nurse Corps for admission to the ranks. She then receives papers which she fills out and returns. She also undergoes a physical examination by an army surgeon, after which she is either accepted or rejected. The date of entrance being determined upon, her next step is to take the oath of allegiance to the United States Government to observe its laws, etc., after which she reports at her first station which, at the time of writing, is at the Walter Reed General Hospital, so beautifully situated about seven miles from Washington, D. C. Nurses entering the service in the far west are usually first stationed at the Presidio of San Francisco.

Ordinarily a nurse is given three days for rest after her journey before going on duty, during which time she makes herself familiar with her surroundings and becomes initiated into the different little items of army life. She must learn to distinguish the different ranks of officers at sight, for no major wishes to be called a captain, neither does the latter want to be addressed as lieutenant. When an officer approaches we look at the insignia upon his shoulder and know at once what his rank is. Beginning with the lowest degree we see that the second lieutenant has no insignia on the shoulder; his leather leggings alone proclaim him an officer. All commissioned officers wear leather leggings. A first lieutenant has one silver bar on the shoulder, a captain, two bars; a major, a gold maple leaf; a lieutenant-colonel, a silver leaf; a colonel, a silver eagle, and the general has the star upon the shoulder.

In an army hospital, as a rule, the patients are mostly men but they also admit the wives and families of officers and enlisted men. The eight-hour system of nursing is supposed to be the rule throughout the army but in San Francisco where there are forty or more nurses, they work but seven hours and in the Philippines where the heat is intense, the time of duty covers only six out of every twenty-four hours. The division of labor is usually as follows: all day nurses report for duty at 7 a. m. At 9 a. m. when the ward work is done up, half the nurses go off duty and return at 2 p. m., remaining until 7 p. m. The other

half remain on duty until 2 p. m., and then go off until the next morning which makes seven hours of duty either way.

One luxury the army nurse always enjoys, which is not so common in civilian life, is home cooking, home life, and the knowledge that the food is not mixed with that of the patient in cooking so that one can eat in comfort away from the hospital atmosphere. Each army post has its nurses' quarters which is equivalent to the home in civilian life. Our quarters are entirely separate from the hospital; we have our own servants, kitchen and dining-room.

There is such a fascination about army life, the bugle call, the drum, the music and the drill! There is patriotism in every soul and however dormant it may lie in civilian life, it suddenly bursts forth at the bugle call while the tramp, tramp of the troops at drill awake the soul to action, making one feel the grandeur and nobility of being ever ready to fight for one's country.

Last summer while enjoying a three months' leave of absence in the Hawaiian Islands, I took an obstetrical case at Schofield Barracks, just to hear the bugle call and to see the dear khaki suits once more. It then seemed to me as though I had been out of the world for those three months and that I had suddenly come to life again. The sight of the khaki brought tears of gladness to my eyes and I felt that I was home again, that there could be no other home on earth so fraught with interest and happiness.

At present the army hospitals are situated at Washington, D. C., Hot Springs, Arkansas, Fort Bayard, New Mexico, Presidio, San Francisco, the Hawaiian Islands and the Philippines, but new posts are opening as the demand for nurses becomes greater. If a nurse remains long enough in the service she will have an opportunity of visiting all those different places and the beauty of it is that she does so at government expense. It does not cost her one cent to go from the Atlantic to the Pacific and across the Pacific to the Orient. If civilian nurses only knew what an opportunity is thus afforded them and what a pleasant life is in store for them, the surgeon-general's desk would be invisible with the number of applications piled upon it and were it not for my marriage nothing else could have induced me to give up a life that held so much for me. If any of my readers doubt my word I would invite their correspondence and I will gladly give them such information as it is in my power to give.

NURSING ETHICS¹

By W. E. McVEY, M.D.

The fundamental principles upon which is founded the ethics of nursing, as well as the ethics of medicine, are the principles which govern all true men and women in their conduct toward one another. The adaptation of these principles to the practice of medicine or to the practice of nursing should cause no embarrassment to the honest practitioner of either of these allied professions.

To the public press and to the laity, medical ethics is a mysterious, secret code, by which physicians are governed under penalty of expulsion or some other form of punishment. In the eyes of the modern business man medical ethics is old-fashioned nonsense. The fundamental principles, however, upon which medical ethics is based, are the principles which underlie the ethics of the lawyer, the minister and all true gentlemen, whatever their profession or business may be.

Many of the sections of the Principles of Ethics of the American Medical Association may be adapted to the profession of nursing without alteration. From these I have taken a few sections, simply changing the word physician to nurse.

"Every one on entering the profession and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness." (Adapted from section 1, chapter II.)

"The nurse should observe strictly such laws as are instituted for the government of the profession; should honor the fraternity as a body; should endeavor to promote the science and art of nursing and should entertain a due respect for those seniors who, by their labors, have contributed to its advancement." (Adapted from section 2, chapter II.)

"Nurses should not only be ever ready to obey the calls of the sick and the injured but should be mindful of the high character of their mission and of the responsibilities they must incur in the discharge of momentous duties. In their ministrations they should never forget that the comfort, the health and the lives of those entrusted to their care depend on skill, attention and fidelity. In deportment they should unite tenderness, cheerfulness and firmness and thus inspire all sufferers with gratitude, respect and confidence. These observations are the more sacred because, generally, the only tribunal to adjudge penalties for unkindness, carelessness or neglect is their own conscience." (Adapted from section 1, chapter I.)

¹ Read at a meeting of the Topeka Association of Graduate Nurses, 1914.

"Every patient committed to the charge of a nurse should be treated with attention and humanity and reasonable indulgence should be granted to the caprices of the sick. Secrecy and delicacy should be strictly observed; and the familiar and confidential intercourse to which nurses are admitted, in their professional duties, should be guarded with the most scrupulous fidelity and honor." (Adapted from section 2, chapter I.) "The obligation of secrecy extends beyond the period of professional services; none of the privacies of individual or domestic life, no infirmity of disposition or flaw of character observed during attendance, should ever be divulged by nurses, except when imperatively required by the laws of the state." (Adapted from section 3, chapter I.)

"The nurse should be a minister of hope and comfort to the sick, since life may be lengthened or shortened not only by the acts but by the words or manner of the nurse, whose solemn duty is to avoid all utterances and actions having a tendency to discourage and depress the patient." (Adapted from section 6, chapter I.)

"There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than that of medicine; and to attain such eminence is a duty every nurse owes alike to the profession and to the patients. It is due to the patients, as without it their respect and confidence cannot be commanded; and to the profession, because no scientific attainments can compensate for the want of correct moral principles." (Adapted from section 5, article 1, chapter I.)

"A nurse who is called in a case should observe the most honorable and scrupulous regard for the character and standing of the attending physician whose conduct of the case should be justified, as far as can be consistently, with a conscientious regard for truth, and no hint or insinuation should be thrown out which would impair the confidence reposed in the attending physician." (Adapted from section 11, article iii, chapter II.)

The last section which I have just read, was written for the government of physicians. In adapting it to the ethics of nursing we must recognize the interdependence of these allied professions and the absolute necessity for harmony between them.

In any consideration of the relations between the physician and nurse, it must be conceded that to the physician belongs the right to command. It is neither consistent with her training nor compatible with her duties that the nurse should have a voice in the management of the case nor should she be made to assume any of the responsibilities except for the faithful performance of the duties assigned to her. She should

carry out, in accurate detail, the instructions given her by the physician in charge. Should such instructions be subject to misinterpretation or should there be a question in her mind as to the procedure, she should insist that the instructions be written out in full and they should be made a part of her records of the case. In the event of her inability or unwillingness to carry out the instructions of the attending physician, she should so inform him and request to be relieved from further duties in that case. Under no considerations, however, should she make her reasons known to the patient or his friends. For, not having the point of view of the physician, her judgment is likely to be at fault and the patient, as a rule, will give more credence to the physician than the nurse.

A nurse having accepted an engagement should be loyal to the physician in attendance. She should not, at any time, by word or act, suggest a dissatisfaction with his treatment. There is nothing which so tends to lower the dignity of the profession as to intrigue against the physician in charge and in favor of some one who may appear to be more friendly. There is nothing more embarrassing to an honorable physician than to learn that he has superseded some brother practitioner in a case through the meddlesome interference of a nurse. Every nurse who has received the proper training and has been admitted to the profession should be ambitious to preserve its dignity and honor. She should demand the respect of those about her. I will not say she shall be meek and humble and obedient but she should be responsive. She should demand respect and courtesy from the physician in attendance. It is beneath the dignity of her profession to submit to discourtesy at his hands.

While the nurse may not properly volunteer suggestions as to treatment she should never hesitate to volunteer information. If she is observant, which all nurses should be, she will be able to make herself indispensable to the physician. The information she may be able to give can be secured from no other source.

Every self-respecting physician should be considerate of the nurse and should not impose duties upon her which are beyond her capabilities nor should he expect the nurse to relieve him of any of the duties or any of the responsibilities which properly belong to him. It must be considered as a part of the duties of the nurse to act according to her best judgment in case of emergency when the physician is not at hand or cannot be reached. In case of emergency the nurse should first try to communicate with the physician in attendance and receive his instructions. Not being able to reach the attending physician she should

proceed to do what her judgment dictates or request that another physician be called.

The relationship between physician and nurse should be simply the relationship between the two professions. Any alliance between individuals of the two professions for their own personal advantage is not contemplated in ethical considerations.

If the physician in attendance on a case in which a nurse is engaged is discharged or withdraws, it is not incumbent upon the nurse to resign on that account. Even though the change in attending physicians has not been made in a perfectly ethical manner, she is justified in remaining with the case. But in all instances she should express to the superseding physician her willingness to be relieved.

The nurse should always bear in mind the fact that each one is an integral factor in the profession. Every registered nurse is entitled to the consideration of every other nurse, her courtesy and her support, without regard to differences in social position, in wealth or in personal attractions. Her professional conduct should be guided, not by narrow rules, but by broad principles which admit of intelligent and conscientious adjustment of individual cases.

Nursing is an honorable profession and one that is fairly remunerative. Now that a legal distinction has been made between the professional and the occupational nurse, it should be the object of every nurse to raise the standard of her profession and this can only be accomplished by a united effort. The state organization should be perfected and, as soon as possible, an affiliation with the national association should be completed.

It should be an object also, to gradually increase the standard of requirements for admission to the profession. A regular high school course at least should be a prerequisite to admission to the training school. It may be said that such a preliminary education is not essential in the qualifications of a nurse. It is easy to compare a competent nurse who has had no preliminary education with an incompetent one who has had such an education but that does not prove that the competent nurse would not have been more competent if she had had the benefits of a high school course, nor that the incompetent one would not have been less competent had she not had these advantages. It must be admitted that a good education adds to the facility with which knowledge is acquired. The course of study in the training school should be standardized and the work therein should be thorough and systematic.

A nurse's education has fairly begun when she leaves the training school. She is prepared then for a course under the best of all teachers,

her own experience. While she is increasing her knowledge along the lines of her work she should lose no opportunity and spare no resource for gaining broader information, so that she may not only be a good nurse but an interesting companion for both sick and well.

A NURSE'S SUMMER HOME

By MARY ELLA HOFFMAN, R.N.

Graduate of the Protestant Episcopal Hospital, Philadelphia

Much has been said about what nurses can do when desiring a summer vacation or when ready to retire permanently. Here let me express the belief that no real nurse will ever retire permanently, not even for matrimony. In that case, she will continue to read the literature pertaining to her profession and will interest herself in any institutions in her home locality that stand for the uplifting of humanity. "Once a nurse, always a nurse," has been well said.

However, there comes a time to every nurse when she will enjoy a respite from active practice and it is on that subject I write this article. A nurse who has been actively engaged in either private or institutional work for a period of ten years should have saved enough, if she has had no one depending on her, to buy a rural home in whatever section of the country she prefers. All such districts, especially in the east, are within convenient access to some line of transportation, either steam, electric, auto-bus, or perhaps, that almost primitive conveyance, the stage.

The village of which I write, although considered remote, is accommodated by one stage that carries passengers, two that carry mail only, and an automobile by which passengers may go anywhere within fifty miles for a very moderate charge. The nearest railway station is five miles away, another seven miles, and another twelve. The latter is the most generally convenient because it is located in the largest town which has through trains to several large cities; and this is reached by the stage.

My home is named Benharriet Ruhe, in memory of my parents, whose names were Ben and Harriet. Ruhe, the German word for rest, was most appropriately added for it was here they rested for many years.

This makes the home even more dear to me than if it were mine by purchase, but for the nurse who must acquire a country place by purchase, all such out-of-the-way places as this have abandoned farms or hillside acres under cultivation, which can be obtained for reasonable sums. Appropriate names are plentiful. One of my school-teacher friends who bought a home on a hill overlooking this beautiful valley, calls it

"Hilltop View." The joy which such a home affords one and the comforts derived from it during the summer months, are beneficial beyond any picture words can depict. When autumn comes and the winter apples are sold, which usually is the last act of the vacation drama, the eagerness to step back into the harness is akin to the feeling the fire horse seems to experience when hearing the alarm.

The alarm is ever sounding for us, duty calls from all quarters, but let us not be of the foolish class of those who think, "We can take care of the bodies in which we live some other day." As we go along, is the right time. Let us keep the lamps of our useful lives filled with the oil of discretion. To no class of people does the parable of the Virgins apply more aptly than to nurses. Change of work, the variety which abounds on a country place, is a splendid panacea for the fagged-out condition that trying cases put us in. True, we have a right to sports; all work and no play making Jack a dull boy, applies with equal strength to the Jill who happens to be a nurse. The sports available here are fishing, boating, swimming, and tennis. Besides that, there is an occasional baseball game to watch; also, some agreeable walking companion can always be found.

Then there are the country picnics which deserve elaborate mention. As a sample, let me describe the Grangers' picnic which was held here at the lake, last summer. The farmers came from many miles away, as well as from the immediate neighborhood. They came in buggies, in spring wagons, in hacks, in carriages, on buckboards and in farm wagons. Some of the more prosperous and up-to-date ones came in automobiles. No matter what the style of conveyance, it was loaded down with good things to eat. The forenoon was devoted to greetings, handshaking, everybody welcoming everybody else, joking at each other's expense, exchange of reminiscences between friends who had been longest absent from one another, and the spreading of the tables for an early dinner. And, such tables! Nothing just like them is seen anywhere except at a country picnic. Everybody was invited to eat. The afternoon had speeches by Grangers and music by a brass band, which had been engaged for the occasion. Between four and five in the afternoon, they had supper. No one was allowed to go away hungry. Those good, motherly farmers' wives roamed all through the woods for any stray man, woman or child who might have been overlooked. How I wished my little acquaintances in the city's slums could be present to enjoy the feast and genuine hospitality. In the evening nearly all the older people went home. The young folks played various games and had a cake walk by torchlight. Some went boating on Lake Mineola.

This same lake is my favorite haunt. There is nothing more restful

than being seated in a row boat, on the middle of a lake, in the heart of a woods, on a moonlight night. Nor is anything greater sport than being seated in the same boat, on the same lake, wearing a bathing suit, so that getting wet is fun, and have the rain come down in torrents. Equally great is the sport of swimming which is one of the most healthful of recreations as it brings into play all the muscles. Not only is this a healthful diversion, but profitable, for all nurses should be able to swim. Sad would be the plight of the nurse who, if an accident should happen, should be afraid of the water.

Hearing the cheery singing of the birds in the morning, and watching the sun come up from "behind yon high eastern hill," are two of the most soothing delights of country life. Also, the gorgeous sunsets which are too magnificent to describe, with their banks of deep blue clouds edged with gold resting upon the mountain top; clouds of a lighter blue, more thoroughly tinged with gold, higher up; spaces of clear sky, and a view of the wonderful sun; then more clouds, finally the lustre grows less—still less—entirely gone—the sun has disappeared from view. No sky scraping building or factory smoke mars the beauty of this divinely-managed phenomenon. The range of vision is unobstructed. What thoughts it brings of those mansions beyond the skies where we'll meet our loved ones who have gone before. Then comes the twilight hour; now the birds warble their evening songs; the frogs at the lake make merry, which inclines me to look through the old folio, for a piece of music played long ago, "The Frolic of the Frogs." The fire flies begin to flash their little electric lights; the stars appear; the village mothers call their children from play to put them to bed; an owl begins to hoot in a nearby tree; it is night.

In a cozy den, off my bedroom, all outdoors is now forgotten. Here it is possible to commune with friends who lived in this material sphere thousands of years ago, which verifies the saying, "If you wish to be remembered long after you are dead, you must do something worth writing, or write something worth reading." Some evenings are spent in getting acquainted with a modern author, and so the hours pass on. By and by the sand man comes, to whom, with a mind at liberty to relax, I fall a willing victim. There is no patient to think of; no likelihood of being called during the night; no crying infant to attend to. All is oblivion, until the birds begin their carolling, when another day breaks forth. After such a refreshing night, what pleasure to work in the vegetable garden; wield the lawn mower; cut down the tall weeds with a scythe, or saw wood. To me, the physically-strong woman who is helpless, is an object of amusement, sometimes derision, for I can't pardon indolence in the healthy. Being able to help one's self in various

ways doesn't make one any the less womanly. The all-around woman can devote the entire morning to turning over the soil in her garden with a spade and the afternoon to swinging in a hammock, reading fiction or science, with equal interest. It behooves nurses to be modern, original, diplomatic, and adaptable. Not all the days are full of sunshine; necessarily there are times when rain begins to fall; the lightning peals; the thunder rolls, it's a storm. When the storm is over, the village children may be seen on the street, wading in the puddles, and exclaiming with delight at the sight of God's beautiful covenant—the rainbow. Or, instead of the rushing shower, it may develop into a settled rain, lasting several days. Then the farmers, too busy on fair days, come to the general store nearby, either to do their trading or to get the neighborhood views on various topics. A wide porch runs along two sides of the store, the furniture of which consists of benches, old chairs and empty boxes. Here these sons of the soil talk over local events, and discuss the doings of the outside world, with a greater degree of intelligence than the outside world usually gives them credit for. Most of them take daily papers which they read with interest, so, although their hats are slouchy, their faces not always shaven, their coats not of the latest cut, their overalls patched, and their boots bearing evidence of a recent tramp through plowed earth, they are capable of agreeably surprising one who converses with them. What if they do speak an English which is more picturesque than grammatical? Their hearts are in the right places and their horny hands are ever ready to give a gentle lift to any deserving one.

It is all so very charming, interesting and restful, that I don't believe any nurse who makes the venture will ever regret it.

PRIVATE DUTY NURSING¹

By JEANNETTE McCLELLAN, R.N.

Graduate Methodist Episcopal Hospital, Brooklyn, N. Y.

Your supervisor has asked me this evening to try and tell you a little about my experiences as a private nurse. It seems to me that my experiences have all been most matter-of-fact and common-place, but I will try to give you some little idea of what is before you. You are going to live intimately in the private family life of a variety of people. You will be expected to be almost anything from a bottle-washer to superintendent-in-chief. I can remember one of

¹ Read to the senior class of pupil nurses at the Methodist Episcopal Hospital, Brooklyn, N. Y., 1914.

my very first cases. I had just graduated and was very scared and very anxious to please. The family consisted of father, mother, aunt, three children, nurse girl and cook. The mother was taken ill. In fact she had a miscarriage. From the first instant of my arrival I was installed as housekeeper. Also, it was early summer, just as the family were thinking of going away. Many things were requested of me; wouldn't I pack four large trunks, ship aunt, children and servants to the summer cottage; after they were gone, wouldn't I cook for father, mother and myself and any relative who dropped in. Incidentally I was to take care of my patient. I smile now as I think of doing all those things. I never would go back to that family but I did make good with the doctor. Even this winter I had a case where it was necessary for me to do a good many things outside of the actual care of my patient.

When first leaving the hospital I felt I must have a quantity of clean linen for my patient; clean sheets and pillow-cases every day and lots of towels. I shiver now when I think of some of the heavy washes that must have ensued. Laundry in the private home is a big item and it is a nurse's part to help keep it as small as possible. Of course with some very sick cases it is absolutely necessary to have frequent changes of linen. Recently, on going to a case, the family consisting of father, mother and three children, one family towel and one wash-cloth were in use for five people. I did manage to find two clean towels, one for my patient and one for myself and I hid those towels carefully; they were precious. No clean towel was to be had in that family every time you washed your hands. Then a year ago, when caring for a ten-months'-old baby ill with pneumonia, I asked for a clean shirt so that I could wash out the one the child was wearing. The mother had to go out and buy a shirt to supply my large demand. These, of course, are very exceptional cases but I just mention them to emphasize the fact that in private houses we do not find a hospital largeness of supplies. Again you will go into sumptuous homes with lots of beautiful linen and plenty of servants and you will enjoy that. Even then you will find getting along smoothly with the servants is not always easy and the nurse who upsets the domestic machinery is not popular or likely to be called a second time.

A graduate nurse is considered by most people a very great luxury; not for what they pay her, hardly anyone begrudges her her well-earned money and moreover very rarely does she have to wait for that money, but because she is apt to demand a good many extra things. The druggist bill sometimes grows to startling proportions. For instance if you need sterile gauze, instead of sending to the druggist and paying

ten or fifteen cents a yard, telephone to a department store, get surgical gauze at five cents a yard and sterilize it yourself. If you think you must have a pus-basin and do not carry one yourself, look around the house for a substitute. The under part of a soap dish may do or you are likely to find something in the kitchen. Because a house is well and prettily furnished don't make the mistake of thinking that the people have unlimited means. The nurse who demands least is apt to be in demand the most.

Unless a patient is very sick and the doctor has left a long list of orders to be carried out immediately, try to become a little acquainted before you start in any active work. In other words, get the lay of the land. This especially applies with children. Unless you can gain a child's confidence, and let it get a little accustomed to you, you will have a hard time. A child, frightened at the beginning, rarely gets over it. Children, as patients, are my preference and with them a little ingenuity and coaxing goes a great deal further than force. Last winter a dear little chap of three simply refused to hear his mother or myself if he did not want to take anything. He did not cry, he placidly lay and looked at the ceiling or wall and just did not hear us. I found that his weakness was orange juice, so every morning I squeezed out the juice of one orange and kept it on hand as flavoring. When anything was due, I suggested, "Brother, let's have a nice drink of orange juice." He never refused, although if he had been older he would have imagined that that orange juice had queer flavors. The main factor towards success, whether your patients be young or old, is to have them feel that you have a personal interest in them and that you are willing to do anything for them as individuals, not as cases or merely to gain your salary.

The most trying condition a private nurse has to meet is generally the interference of the patient's family. They, the relatives, are so worried and wrought up by the condition of their loved one, that until you have been fully tried by their standards they are apt to be watchful and suspicious. I always encouraged the family to come freely in and out of the sick-room, to sit there if they like, to watch me closely and I try to explain as I go along. The only thing I enjoy is quiet and very soon they are satisfied. The husband or the wife or the mother is so apt to say, "But nurse, what do you think!" Then beware, be very ware. Never think anything but of the most encouraging nature and be sure it is what the doctor wants you to think. Ask him if you are in doubt and in any event, say as little as possible. Stand loyally by your physician. Refuse to listen to criticism of him by the family. I know of a nurse who has done herself incalculable harm because on a long and tedious case she allowed criticisms to arise and she even ventured to

wish he would try another line of treatment. This of course was promptly carried to the doctor and he never employed that nurse again. As the Good Book tells us, "Be as wise as serpents and as harmless as doves."

Just once in my eleven years' experience have I had to choose between a patient and a doctor. It was in the country and miles from anywhere. I was the second nurse. The doctor and family were strangers to me. The patient, a young woman of twenty, was dying with tubercular meningitis. For some reason the doctor and family had a serious disagreement, I think it was over the calling of a second physician in consultation and he, the doctor, promptly departed taking chart, medicine and the other nurse with him. I simply could not leave that dying woman, when I saw as I did, that she would be absolutely without care. The doctor friend who came to my rescue said I had done right. In the presence of critical illness, if the patient is going to suffer, we have no right to allow personal feelings to enter into the situation.

Another country experience had a happier ending. A friend's little boy of four was thrown from a wagon, the back wheel passing over his abdomen. I, being but two farms away, was most quickly available. When I responded to their frantic call I found the little fellow in a bad state of collapse. There seemed little to do but keep him wrapped in blankets and heat applied to his feet. If he were bleeding internally as I feared, stimulation would have been very bad. A hot water bag was forthcoming, but if it had not been, a heated iron or hot water in a Mason jar would have done as well to place at his feet. We waited four horrible hours for the doctor and then three hours longer for a surgeon from the city but the little fellow lives and is well today. In the long wait, what kept him quiet and from crying was a little live chicken. He wanted it to put in his pocket. Being spring and on a farm, his wish was easily granted and that little martyr chicken certainly helped to save the youngster's life. He was so happy to have it. Of course in the city, with the telephone at hand and not such great distances for a doctor to cover, a nurse can quickly get help in an emergency but even then, if your patient is very ill, it is well to ask the doctor what may unexpectedly happen and be prepared: as for instance, with a typhoid case, a bad hemorrhage from the bowel. With a typhoid case of mine, in the early stages, the patient had a terrible hemorrhage from the nose, but fortunately the doctor was in the house at the time.

As our adult patients reach convalescence and want to be entertained, they become very curious as to our nursing experiences. Again beware. Never tell any but your pleasantest experiences, the nicest things you can say of people. Never criticize a patient you have had

before for then the patient you are entertaining will remember you with pleasure and will never be afraid that you will carry tales from his house. Never tell a patient anything at all gruesome. Several times I have been told, "Yes, Miss Blank took care of me, she was nice but she told me such awful tales. It made me so nervous." What will surprise you will be the mildness of some of those tales. Don't ever be like the little old lady who called on my chum. My friend was expecting her first baby. The old lady came in sadly, shook her head and said, "If you live and the baby lives, you will have a great deal to be thankful for." A saving sense of humor prevented my friend from being troubled and it is this same sense of humor that will help a nurse over many a hard place. Sometimes the joke is on the nurse and it may be a long time before she can laugh about it. A nurse friend of mine, the first night of a certain case, went down stairs about midnight to make her patient a cup of cocoa. She had only the fitful light from the street lamps to guide her to and from the kitchen. The descent was made without a mishap. The cocoa was made, the kitchen light extinguished and she started back for the front stairs, going through the dining-room. Imagine her horror to hear a sudden "Hist" and to feel a sharp pinch on her arm. She never told me what happened next but her fright was caused by the pet parrot near whose cage she had unfortunately passed. I assure you, I always carry a light when I go down stairs at night in a strange house.

Most people are very considerate and are glad to have you arrange so that you do not have to go prowling around. A little gas stove or an alcohol lamp, ice in a basin covered with a rug or a large bath towel to keep it from melting; little things like these save our steps at night.

An incident that happened to me has always entertained my family. After a particularly strenuous fall I went south with a little old lady and gentleman. Both were well but were nervous about going away alone. He said that I was his wife's companion, she said I was her husband's nurse. After we had been in the hotel about twenty-four hours, one of the other guests approached me solicitously and inquired if I had been ill and if my grandparents had brought me there to recuperate. Poor little old people! I hope they never heard that. I never told them.

A private duty nurse's life is not exactly easy but if she goes about her work in a helpful, cheerful spirit, she will find many compensations. Almost all doctors stand by their nurses, almost all patients are considerate and realize that we are but mortal. You will make many warm friends and often feel a warm glow at your heart for work well appreciated.

SAMOA

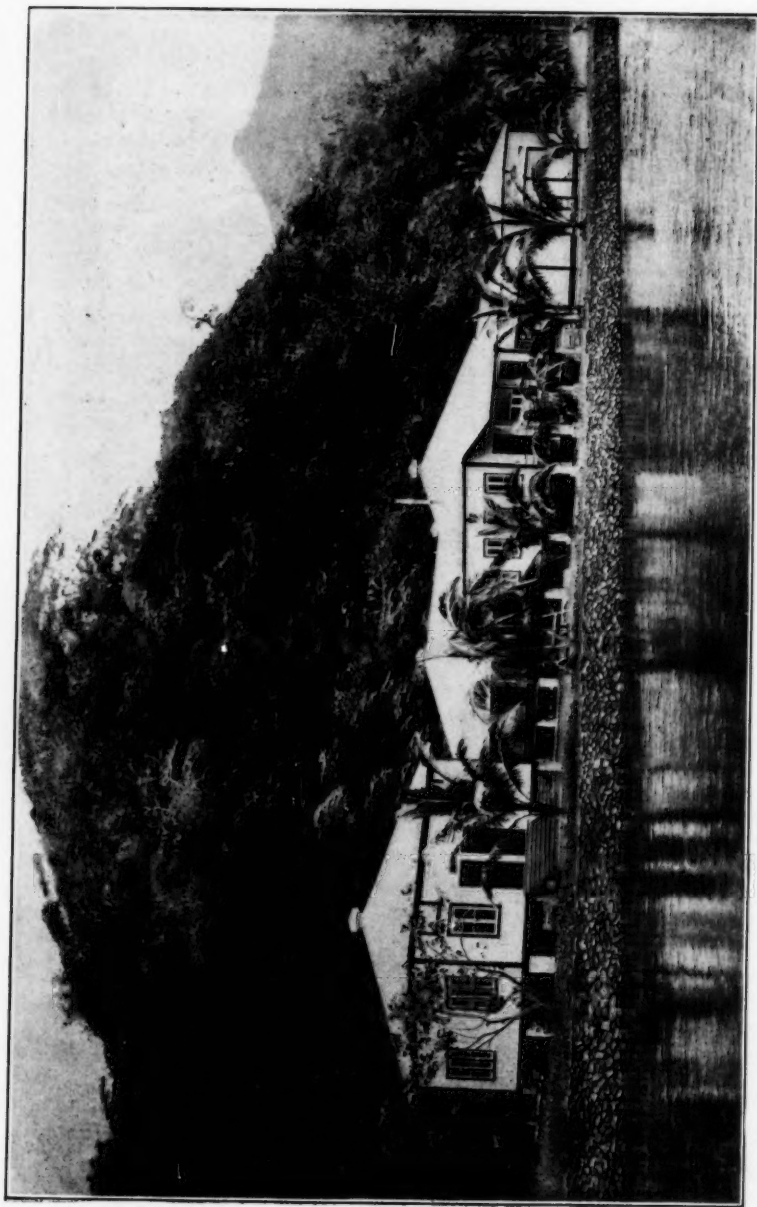
By M. H.

When given our orders for duty in Samoa we experienced that feeling of futility which overcomes one when a great project is suddenly unfolded. We had such short notice, our preparations kept us very much occupied and the reality of leaving kindred and friends for the isolation of a sojourn in Samoa did not impress us until we were beyond the point of recall.

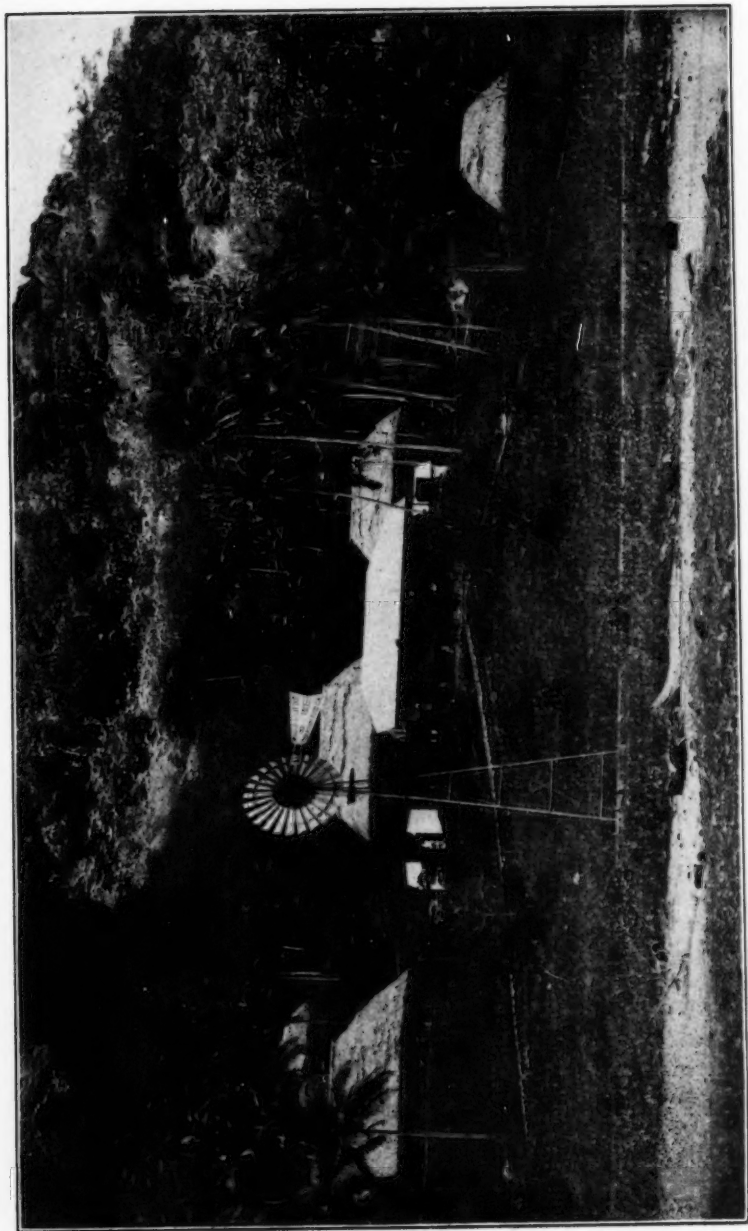
Although the island authorities had officially requested that nurses be sent to Samoa, they were not prepared for the unusually quick response. One accepts the fact that the Government moves slowly, as become a large dignified body, whose girth has increased and whose center of speed has not proportionately quickened. There are times, however, when a spurt carries this body ahead of those who supply the impetus and our arrival noted such a time. The ship, which had given us a delightful passage, made an inauspicious landing and we were not put on shore until late at night instead of at full noon. As no quarters were ready for us, the Governor, who is the official host of the island, extended to us the hospitality of the executive dwelling for the night. Realizing the dismay which must have been experienced when two women, whose names, professional standing and qualifications were entirely unknown quantities, descended upon the little colony, we have reason to be thankful for the cosmopolitan training which enables navy people to appear cheerful in the face of difficulties and we appreciate the treatment we have received just as such treatment should be appreciated.

The following day we were installed in temporary quarters at the Naval Hospital and this installation tested our ability to "make the best of things as they are." The space in which two large women were required to settle and dispose of their necessary paraphernalia was disconcertingly small but the comfort of adjacent bath-room and toilet compensated for close quarters. We have the use of the kitchen and dining room intended for the sick officer patients and our meals are sent from a general mess about a block from the hospital. The food could be worse but we feel that it can be improved and when we are located in the quarters which are intended for our own use, we shall be able to make many changes.

Our work is to be at the Samoan Hospital without any connection with the Naval Dispensary. In addition we will have the nursing of acute illness in the American Colony and the work which we are anticipating as being the most interesting, namely, the professional training



THE UNITED STATES NAVAL DISPENSARY, SAMOA



THE SAMOAN HOSPITAL.

of the native women. The hospital is supported by contributions from the Samoans, the Government being responsible only for the personnel.

To date, our actual nursing work has been confined to the babies. They are particularly subject to acute intestinal disorders and there are many ill with broncho-pneumonia. The feeding of these little ones is a problem. We not only have to contend with a dearth of supplies and equipment but we have to, tactfully and in sign language, direct the care of the mothers.

Mrs. H., the wife of an English missionary, stopped here on her way from one of the remote stations. She and her husband have been working nine years in the Samoan (German) Islands and speak the native language fluently. Of course, her knowledge of the people made advice from her very desirable. For further information the Medical Officer gave me three days' leave and I accompanied her to Labone, some sixteen miles by water, where Mr. and Mrs. H. conduct a school for girls. My visit was enlightening. The women seem very gentle and are obedient but I realize there is a long period between civilization as indicated by these people and by those of Guam and Philippine Islands. Mrs. H. was not encouraging with regard to the young women taking the training but believes we may be successful with women who have passed the age of child-bearing. She warned me that any promise made by the natives would be fulfilled only so long as their fleeting fancy was held. I talked to the girls of the school, Mr. H. acting as interpreter. They listened with stolid interest but the idea is too new for an appeal and no one promised to enter our training school.

My return to the American station by water was rendered impossible by a high wind and rough sea. It was suggested that I should ride. Never having been on horse back I hesitated but as walking fourteen miles was the alternative I accepted the mount. A little native boy led the hard-mouthed old white horse, who should have been safe since he had such an unattractive appearance. He did not approve of me, however, and tried all manner of tricks to rid himself of his burden. Bucking accomplished the purpose and after two more vain efforts to avail myself of his help, I gave up the struggle and walked, arriving at the station after five hours, weary beyond words. I might mention that this experience was rendered more memorable by a pouring rain. The road was a tropical wonder, very beautiful even in the rain and when I recovered from my fatigue, I enjoyed the experience and even laughed heartily at my tilt with the old white horse.

Our course here will be harder, in that we shall have to learn, by

stern experience, that which is taught in the schools of philanthropy and outlined in our special college courses; and our professional desires must be leashed to conform with the conditions which are far more primitive than can be imagined or described. We shall have much to learn but at this stage I feel that we have even more to unlearn. I am reminded of that very successful visiting nurse who stated at one of our conventions, "my success began when I had banished every one of my hard-learned hospital theories and got down to bed-rock humanity." We shall need encouragement, for our lives will be very lonely with no companionship; but already we feel we are building and no matter how slowly we build, each day some experience is gained, some weakness overcome or eradicated. In my next letter I shall be able to write of our actual work and, I hope, of our training school.

HEALTH CONSERVATION AT THE PANAMA-PACIFIC EXPOSITION

The most pressing problems of today and of tomorrow, the problems of human welfare, furnish the basis not only of a large proportion of the 60,000 exhibits which already have been secured to fill the 65 acres of the eleven vast exhibit palaces, but of the laboratory and platform work of most of the extraordinary series of national and international congresses and conventions which will make San Francisco their headquarters in 1915. Fully 500 such great gatherings are expected to hold sessions there; and of these, 221 already have voted to be present.

From the Editorial Bureau

Panama-Pacific International Exposition

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

AMERICAN RED CROSS TOWN AND COUNTRY NURSING SERVICE

BY FANNIE F. CLEMENT, R.N.

The question, Why visiting nurses prefer public health work to any other branch of nursing, has been brought out in a study made by the Rural Nursing Committee of the National Organization for Public Health Nursing. This question, with others, was asked of many visiting nurses in small communities, among whom were several Red Cross visiting nurses. It can, of course, best be answered by those engaged in this activity who have had experience in other branches. The following is an example of the answers given.

Nearly all commented upon the breadth of opportunity offered. "It is broader and more interesting than any other form of nursing." "It means a wider touch with community life and broader personal growth, as more time is one's own in which to live one's own life." "I can serve a greater number of people." "I feel I am accomplishing more in the world." "I can do more good." "It enables a nurse to accomplish the greatest good for the largest number and tends toward a broad spirit of charity that no other side of nursing allows." "It provides a broader field of helpfulness as I have opportunity to save future adults from needless suffering by preventive work." "The work is instructive and constructive."

Substitute "private duty" or "institutional work" for public health nursing in the foregoing question and we should doubtless learn why nurses, having tried public health work, find themselves in other fields. Yet speaking particularly of the work of a well-qualified public health nurse in the smaller communities, one fact seems indisputable; it would be difficult to find any other activity in the nursing profession that presents opportunities for the extension of beneficial influences on such a broad community basis.

It is often written, "the work is so fully appreciated by patients." "I like to help the poor and those of moderate means who would otherwise be without nursing care and who are so glad to see the nurse." The variety of work seems to have made a strong appeal to many: the fact that no two days are alike; that an insight is gained into all kinds and

conditions of life; the contact made with the most varied class of people; the outdoor life and healthful atmosphere in which they live are also enumerated. A predominating characteristic of the rural nurse is her love of the open country. A steady income, regularity of hours and shorter hours are cited as particular features of public health nursing. "The work is not confining." "It allows freedom of activity." "It gives one a chance to take the initiative." One nurse said she preferred public health nursing to any other work because she sees more of children. One acknowledges her appreciation of a better food supply. The broader experience by generalization in a rural community is mentioned and the home and social life possible. For perhaps the same reason that country people generally seem to find more opportunity for intimacy between friend and neighbor than city dwellers, the visiting nurse in rural districts often finds possible a more intimate touch with patients and families.

What rural nurses have found by their experience to be the necessary qualifications for rural nursing serves as a valuable index to what should constitute the training of nurses who wish to enter this field. Some mentioned first a high school education. Almost invariably the nurses stipulated a good hospital training and emphasized the need of special study and preparation for the work following the hospital training school course. It is significant that this need of special training in public health nursing is expressed in many cases by those who had never had this advantage. Many suggestions for preparation were given, showing what each felt to be a special need. Among the suggestions were the following: "a course of visiting nursing in some good visiting nurse association;" "a study of different societies ready to help the tuberculous, defectives and delinquents and of laws concerning health;" "visits to social service departments of hospitals to get an insight into their methods;" "a definite knowledge of tuberculosis work;" "a thorough training in the care of growing children, an understanding of their mental and physical development;" "experience with a rural nurse." One nurse thinks that the most valuable preparation comes from work in city schools. Another speaks of the necessity of familiarizing herself with the problems underlying suffrage, political economy, eugenics, personal hygiene and general sanitation. The rural nurse should have a teaching knowledge of several subjects classified under handicrafts, something that will both entertain and instruct those with whom she is called upon to work in rural districts.

All nurses believe good health especially necessary and this, too, tempered by such qualities as cheerfulness, enthusiasm, good judgment, patience, adaptability, firmness, courage, even temperament and love

of work. The rural nurse must have a sense of humor and a discreet and silent tongue. She must have a knowledge of country traditions, be in sympathy with country people and willing to give up city comforts when necessary. She must have an interest in everyday affairs and topics of the times. One nurse enumerates good standards, good health and human interests; another, the broadest intelligence and best training that can be secured; a well-balanced, broad-minded, womanly character, age to be not younger than thirty; ability to teach and experience in managing a horse. One suggested it was an advantage if country bred. A qualification that would seem to apply equally well to all social service was a never-ending charity for the shortcomings of human beings, a charity that builds up, that overcomes, ever hopeful of ultimate reconstruction.

From this survey, the responsibilities of the rural nurse as she herself feels them may be discerned and from the fact that she realizes so strongly the importance of the highest requirements as to personal and professional qualifications in her work, shows not only the type of woman already in the field but what we may expect of those who wish to enter it.

ITEMS

The exhibit of the Town and Country Nursing Service, after having been in St. Louis at the time of the nurses' convention and in Memphis at the Conference of Charities and Corrections, was on exhibition at the State University in Morgantown, W. Va., at the meeting of the State Educational Association in June. The Civic Club of Clarksburg, W. Va., in affiliation with the Town and Country Nursing Service, arranged for their Red Cross visiting nurse to attend this meeting and to explain her work as a rural nurse, particularly as it relates to the physical welfare of the child in school and the necessity of coöperation of teachers and school authorities in the work of the nursing association. In the same manner the Hot Springs Valley Visiting Nurse Association of Virginia had loaned their Red Cross Visiting Nurse to the Conference for Education in the South in April and during each day of the four days' session, she held a demonstration in rural nursing, explaining its scope and results.

Red Cross visiting nurses are readily responding to an increasing number of calls to tell about their work at meetings of nurses' associations and gatherings of social workers. At a meeting of the Alabama Sociological Congress in May, the Red Cross visiting nurse in Chilton County of that state, told of her work as county nurse under a committee composed of the county health officers, the county superintendent

of schools, the county agent of the Farmers' Union and several other men and women.

The organization of the Health Committee was inaugurated under the auspices of the Rural Organization Service of the Department of Agriculture a few months ago, which has been making a social survey in this country. Public and private funds support the nursing activity. In Alabama there are "beats" or territorial divisions which include several school districts. A county improvement association with branches in each beat, under a beat manager, has been lately organized. Each beat is subdivided into school districts where a superintendent is head of a small group.

Owing to the size of her territory the nurse is concentrating upon the inspection of school children and educational work in the school districts. She drives to these various communities, using the horse and carriage furnished by her committee and remains in each several days to a week, working with and through the local branch of the county society. She examines the children, visits their homes and visits any cases of illness reported in the neighborhood. She holds group meetings of mothers in the school-house and general meetings for all in the interest of improving health conditions. Her object this summer is to have a sanitary closet installed at as many of the seventy-one school-houses in her county as possible. She will visit the schools before the term re-opens. For this work she must have the coöperation of the men in the county. She is organizing her Red Cross boys and girls, as she calls them, into various clean-up and health committees. The enthusiasm and real interest in the work which she already has been able to create among young and old, promises well for far-reaching results.

NURSING IN MISSION STATIONS, SOME NURSING PROBLEMS IN AFRICA¹

By AGNES S. WARD, R.N.

Superintendent of Metropolitan Training School, Blackwell's Island, New York

When I thought of nursing problems in Africa, the subject seemed a vast and complicated one and I realized that in one short paper I could give little idea of conditions as they really exist. I was obliged to be both doctor and nurse² and it was no light responsibility to make diagnosis, prescribe and care for the patients who were frequently in grave condition before coming to me. As there was no other doctor or nurse within several days' journey, the patients (natives), would frequently be brought long distances. For the white people I would sometimes go two or three days' journey to care for them, incidentally caring for the natives on the way.

One of the first and probably the biggest problem to deal with is the witch doctor who has great power over the people since they believe implicitly that when they are ill they are bewitched by an evil spirit. The witch doctor is supposed to possess the power of discerning who the individual or individuals are who have bewitched the patient. Each small village has a king and a witch doctor. When anyone is ill the doctor asks the king to assemble the people and he points out those who have bewitched the sick person. These people are condemned to die by taking poison as this is the only way to kill the evil spirits. When they are dead, if the patient does not get well, that is proof that there are other evil spirits (never that the witch doctor has made a mistake in his selection), and the people are again assembled and the victims again take poison. This is kept up until the patient either recovers or dies. If he dies that means that there are still evil spirits and perhaps as many as ten or fifteen people will be given poison and buried with him. They most strongly believe that if they are innocent they will not die from the poison and as each individual knows that he or she is innocent, they believe that the poison cannot hurt them. The witch doctor occasionally takes the poison to convince them that it cannot hurt the innocent but he has the privilege of mixing it himself and the advantage of knowing the antidote. At times when the victim protests that he is innocent a heated

¹ Read at a meeting of the New York County Nurses' Association.

² Miss Ward spent over three years in Congo Free State, Southwest Africa, as missionary among the Ki-Fiote people.

knife will be applied and if any of the skin pulls away with the knife that is infallible proof that he is guilty. The witch doctor is not afraid to show that his skin never adheres but then he heats the knife and takes good care that it does not reach the temperature where it is possible for it to adhere. In the selection of the victims to take poison, if there are those who had been working for white people and have accumulated a few yards of cloth which the witch doctor and king would like to have, they are almost sure to be pointed out as being possessed of the evil spirit or, if there are sick or aged and they want to get rid of them, the list is made long enough to include them too.

Because of this poison giving, when anyone is taken ill they are nearly always forsaken by their families. Sometimes the mother even denies knowing her own children. They feel that if they claim not to know them, they will hardly be blamed with having bewitched them, so you will readily see how very slim their chance of recovery is. Then, too, the witch doctor is very jealous of his power and always a fast friend of the king. He does not hesitate to stir up the people and make them feel that if the patient had been brought to him, as he should have been, everything would have been all right.

A man has as many wives as he can buy and when the women lose their husband they are obliged to sit in the hut and keep the fire smouldering while the body is being smoked, which may be anytime from four or six weeks to six months. During all this time their faces must be covered, they cannot leave the hut or see anyone and woe be to the woman who would dare complain that it was in the least disagreeable to be in there: all this practically on the equator, with a smouldering fire, no chimney or window and the one small door tightly closed. Doubtless much of their time is occupied wondering whether or not they will be among the victims to be given poison or otherwise put to death when the final day of the funeral comes. After the funeral the house is burned and everything the man owned is either buried with him or piled up on his grave. The one great ambition of the native is to have things to put on the grave. No one will use or even enter a house where anyone has died so the hospital problem is a very big one, even with the more enlightened natives.

We might go into infinite detail about this giving of poison but we have only touched on it to show how difficult the work is when this thing has to be contended with all the time.

One thing that always puzzled me was their wonderful recuperative power. Many times I have left patients feeling that they could not live many hours and would be utterly amazed in going back to find them sitting up and chatting as though nothing had been the matter. The first

time it happened I thought the man had died and the friends had taken the body. When the boys insisted that he was all right I went outside and found him sitting around the fire enjoying himself very much. One evening I went to see a man who was ill with pneumonia. I did not think he had much chance of living through the night. I did what I could and told them to send a messenger in the morning to let me know how he was and I would send medicine. Imagine my surprise when he not only walked in, but sat in chapel all through service and then walked back to his village. I might cite numerous similar instances. As soon as the crisis is over they seem to be all right. This might be accounted for by the fact that they do not lead a strenuous life.

Pneumonia is rather prevalent, especially among those who have come in contact with white people and formed the habit of wearing clothes. They are exceedingly fond of display and in the morning will put on everything they own. If it rains during the day, they take everything off and lie down on top of it to keep it dry and then decide that it isn't worth while dressing again that day. Clothing may finally become a blessing but in the early stages I fear a good many lives have been sacrificed to the indiscriminate wearing of everything one-half of the day and then appearing in native costume the other half. As a rule they are poorly developed, except in a few localities. This is quite largely due to the fact that they do not have proper nourishment. The land is rich and they can all have as much of it as they please but if their grandfathers only had two goats and three chickens and planted only fifty square yards of beans or corn, they never can see why they should have any more. Things grow practically without toil but in spite of it, there are long seasons when there is great scarcity of food. This, together with the fact that much of their time is spent in idleness, would largely account for their poor physical condition. The women are owned by the men, are entirely subordinate to them and always have to take second place.

The women are most anxious to have children and are very devoted to them. The men have taken advantage of this desire and have told the women that if they eat certain articles of food any time in life, they will never have children, so the delicacies are always left for the men and boys. For instance, no one would persuade an African girl or woman to eat an egg because they thoroughly believe that if they did they would never have a child. The families are always small, five being the largest I ever saw and the average is probably not more than two. When a mother dies and leaves a small baby they feed it on beans, fish, plantains etc., so the baby lives only a few days. As a rule they nurse the children until they are four or five years of age. The mother will work in the

field all day with the baby tied to her side and the child helps itself whenever it feels like it. This makes the breast on the left side enormously large, so that it not infrequently hangs down below the waist while the right one remains normal size.

The jiggers, like the mosquitoes, are ever present. They differ, however, in that the mosquitoes bite and go, while the jiggers bite and stay. Their choice resting place is under the nail. As soon as they get under, they surround themselves with a little sack in which the eggs are laid. If you are vigilant and remove this carefully at the right time you will seldom have trouble but if it is neglected serious conditions will follow. I knew of one gentleman who thought he would like to show his friends what a jigger could do and proposed keeping one in his foot until he returned home, with the result that the limb was amputated at Canary Islands. You may judge then what it means to the natives, especially to the children, who sit on the ground practically all day so that the hands, feet and buttocks become literally filled with jiggers. Frequently they have nothing better to remove them with than a sharp jointed piece of wood, the more fortunate ones having a worn down trading knife which is an enormous knife about the size of the ordinary carving knife. I leave it to you to imagine what the child endures, who has probably fifty or more jiggers to be removed.

The bodies of the women are extensively tattooed by making incisions and raising up the skin. This is repeated many times until the skin stands out in very prominent ridges thus marking the patterns. The more extensive the tattooing and the larger the ridges, the bigger will be the price which she will bring in marriage. As all this is usually done with the jigger knife, I need hardly say that they are practically always ill after it but this is all taken as matter of fact and they just wait a few weeks until they are better and then the process is repeated.

They occasionally have a war but everybody runs as soon as they see smoke and I never heard of anyone receiving an injury in battle. They do, however, injure themselves quite severely by stumbling in the forests or by falling from the trees which they climb daily for the palm wine.

We all know of the ivory and rubber caravans but only those who have seen the poor men toil under their enormous burdens can have much appreciation of what it means. The witch doctor usually supplies these men with various charms, one, for instance, around the ankle to prevent them from getting tired; another to prevent heart or lung complications, etc. The evil spirits however will disregard the charms and the poor men not only become tired but many times ill and it is not unusual for them to die on the way. Their fellow carriers, too much absorbed with

their own burdens, simply throw the bodies into the jungle, carrying with them, however, the ivory for which they must account.

The name Ki-Fiote means "insignificant" and quite expresses their opinion of themselves. They are always trying to find someone to lead them and think for them, and it is because this country lacks leaders and because there are continual feuds between the different villages, which prevent their intermingling, that these conditions exist.

Nursing problems may seem a misnomer for this paper. However there are great problems and I believe that if a sufficient number of nurses were interested, we could do much toward solving them.

TOO LATE FOR CLASSIFICATION

IDAHO

THE IDAHO STATE BOARD OF EXAMINATION AND REGISTRATION OF GRADUATE NURSES will hold examinations of applicants in Coeur d'Alene, Idaho, September 12, and in Boise, Idaho, September 23, 1914. Apply to the secretary, Napina Hanley, 309 Washington Street, Boise, for particulars.

Napina Hanley, R.N.

ARKANSAS

THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold a meeting at the State Capitol in Little Rock, Thursday and Friday, October 1 and 2. All applications must be in the hands of the secretary-treasurer, Mrs. F. W. Aydlett, (1200 Park Avenue) not later than September 15, 1914.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE

In accordance with a promise made last month, I shall now give a direct and impersonal statement of events then alluded to in regard to the International Memorial, which, as nurses all know, is to be a Department of Nursing and Health in some English University. To make this narrative complete I must go back to the time of Miss Nightingale's death.

When suggestions arose in England for suitable memorials to Miss Nightingale, only one person stood forth with a strong and earnest plea for an educational memorial, and that person was Mrs. Bedford Fenwick, founder of English and international organization among nurses and the one who had, during her matronship of St. Bartholomew's, initiated the three years course and planned out a graded teaching of theory to accompany it. Years before Miss Nightingale died, Mrs. Fenwick had written strong articles advocating and predicting "Colleges of Nursing." She now, with emphasis and detail, urged the educational character of Miss Nightingale's whole lifework and declared the appropriateness of building an educational memorial in her honor. She stood alone. All other voices spoke for purely conventional memorials, such as windows, statues and tablets or for sentimental ones, such as pensions for decayed nurses and the like. The Nightingale School (more correctly Mr. Bonham Carter), stood with the majority for charity and convention. Mrs. Fenwick asserted that it was a disgrace to Miss Nightingale to offer charitable aid to the women of the profession she had founded. The time of the Cologne Congress came. From international comradeship and bonds of amity, St. Thomas' hospital had always stood aloof. With true English reserve and love of precedent it kept the Nightingale School outside of all self-governing associations of nurses. There is no alumnae society among its graduates. As a school it has therefore no representation and no part in the work of the International Council of Nurses.

The proposal to found a Chair of Nursing and Health as an international memorial from the nurses of the world to Miss Nightingale was made and adopted at Cologne. The plan, instantly popular, was published at once with complete frankness, our hope of interesting Bed-

ford College for Women, connected with the London University, being made known with equal frankness even before we had gone to them with our wish and hope. For three years the Memorial has been spoken of in the nursing journals and within the last year, in view of the meeting at San Francisco, active steps have been taken and duly proclaimed to gather funds and to approach Bedford College. The material from the Department of Nursing and Health at Teachers' College was sent over and Bedford seemed inclined to show at least interest in what we wanted to do. Then suddenly, just a month ago, it was learned that St. Thomas' hospital had approached Kings College for Women with a proposal to found there a memorial to Miss Nightingale with the remainder of the original Nightingale Fund subscribed after the Crimean War, this memorial to take the form of scholarships for the courses of Domestic Science. It was further learned that Kings College had agreed to this proposition. For this, of course, no one can feel anything but approval and satisfaction. It is a good thing to do, a step in the right direction. But coming just when and in the way it has come, it has all the appearance of having been meant to weaken or even to sidetrack the international memorial. This may sound like an expression of pique but it is not so. It is simply the conclusion that one's intelligence can hardly avoid when various facts are known. I shall mention some of these.

First, in beginning the work of organizing for the Memorial, Mrs. Fenwick, as head of the English branch of the International, called on the Matron of St. Thomas' hospital, told her all the plans in detail and invited her to go on the committee. The matron declined and showed resentment or disapprobation by her manner and words. She intimated that St. Thomas' would have its own memorial but gave no hint as to its nature. The secretary of the International, who afterwards (in March of this year), called upon her to suggest that at least some of the St. Thomas' graduates might like to be included in the Procession at San Francisco when our gifts will be brought for the memorial, also encountered a decidedly chilly demeanor. One remark made by the matron that struck the secretary especially was a suggestion that a University chair, to be commendable, should be "under professional management." What, then, has been our surprise to learn that St. Thomas' also got from Teachers' College the printed materials needed for laying a plan before the authorities of Kings College, and this surprise was deepened by learning that it secured this material through Miss Rundle, who, as their intermediary, preserved the same silence as to the proposed plans of St. Thomas', this silence having been no doubt, required of her as confidential consultant. So complete was her loyal silence, that although I took dinner with her when in London

last March, she gave not the slightest intimation of the projected scholarships.

To make clear why I thus appear by implication to find fault with Miss Rundle, I may remind my readers that Miss Rundle's scholarship at Teachers' College was given her by the League of St. Bartholomew's Nurses, a body corresponding to our alumnae societies. This League is foremost among those associations of English nurses which are a part of the International Council and, as such, were intent on founding a Chair of Nursing and Health which should respond to the needs of the nursing profession as felt by nurses and which should be their own expression of Miss Nightingale's influence over them. Now, the point I wish to make is, that while Miss Rundle has the undoubted right of helping any cause or movement which seems to her to be worthy, her consent to help secretly an undertaking so nearly like the one which, as she knew, the nurses of St. Bartholomew's were openly and publicly undertaking, has placed her in a position which gives us, on our part, fair cause to question the ethical correctness of her attitude. The ethical thing for her to have done, when asked for the assistance she gave, would have been to say, "I will gladly help you, to the extent of my ability but as I know of the object and purposes of the International Council of Nurses, to which the Barts nurses who gave me my own scholarship belong, I cannot do for you anything that I am not at liberty to make known to them." In maintaining that this criticism is just, I think I shall have the general support of nurses who are free to form and hold their own opinions.

However, we now must consider what effect this foundation at Kings will have upon our hoped-for foundation at Bedford. As a matter of fact, the Domestic Science scholarships by no means constitute the Department of Nursing and Health which is our ideal. We shall therefore go on organizing and collecting money for this Department. If we cannot establish it at once we can some day, if not at Bedford College then somewhere else. Our goal is a Chair of Nursing and Health. Meantime, the scholarships at Kings' will in all probability retard our reaching our goal. Many people will not perceive the difference and will say to us, "But is this not just what you wanted?" Indeed, the Trustees of Bedford College have already suggested that the obvious impropriety of "overlapping" the work of Kings would come into the question now, if we pressed our petition. We may therefore have to wait for time to bring it about but we have not the smallest intention of abandoning our purpose. The proposed Nurses' International Memorial to Florence Nightingale, the creation of a Chair of Nursing and Health by nurses will be pursued unremittingly until it is finally in existence.

THE INTERNATIONAL TRAIN TO SAN FRANCISCO

The officers of our various national groups, the American Nurses Association, the League for Nursing Education, and the Association for Public Health Nursing, approve our international train and its route so well that they will adopt it as one of their official trains and their names will go on its itinerary. This does not mean that anyone else will alter its route, as the main purpose of this train is to carry our foreign visitors on as much of a sight-seeing tour as we can give them at a reasonable cost. But it gives it additional prestige and will unify our arrangements. At Mrs. Twiss' suggestion, Mr. Frank writes: "Arrangements have been made for standard Pullman cars to be added to the International Train at an additional cost of \$20.50, thus giving your members their choice of tourist or standard Pullman sleeping cars." He goes on to say: "The equipment of tourist sleepers as to the arrangement of berths is the same as the regular Pullmans, as are also the linen, blankets, bedding, etc. The principal difference is that the interior of the car is not decorated and the seats are upholstered in rattan or leather instead of plush." Personally and for the benefit of our foreign members, I will say that I have often been told by travelers that the tourist cars are pleasanter for western travel because they are cooler and less stuffy than the Pullmans. I intend myself to take a tourist berth and would not pay Mr. Pullman twenty dollars extra for all the plush he has. However, many good Americans think they can only travel in a Pullman car and it is a very good suggestion of Mrs. Twiss, who has had much experience with nurses' conventions, to let people have their choice.

Printed itineraries of the tour will be mailed on request by the Frank Tourist Co., 398 Broadway, New York. However, those wishing to take the trip must also write either to Mrs. Twiss, 419 West 144th St., New York, or to me, at 265 Henry St., New York, as otherwise we might get members of the general travelling public which we must avoid.

We have had to refuse the request of a married ex-nurse to have her husband go on the trip. It does not seem practicable to take men because of the necessity of keeping all the dressing rooms for our members. They are too scant as it is. But, if twenty-five married nurses wanted to take their husbands, Mr. Frank would make them up a car of their own on some other train than ours. This may be worth their consideration.

* * * * *

The outbreak of the war in Europe, since the words above were written, points, probably, to the ruin of many of our international plans.

NOTES FROM THE MEDICAL PRESS

By ELIZABETH ROBINSON SCOVIL

CURE OF HAY FEVER.—The prophylaxis and cure of hay fever with pollen toxin is reported in the *Journal of the American Medical Association*. The toxin was prepared from the pollen of several varieties of weeds mixed with sterilized fine sea sand and moistened with physiologic salt solution and 5 per cent carbolic acid. The unit used is the quantity of toxin extracted from a microgram of pollen. The dosage was determined by the nature and extent of the reactions produced. Of the sixteen patients treated after the onset of the attack, thirteen were cured. The remaining three began treatment more than a month after the beginning of the attack.

AIR-BORNE INFECTIONS.—Two authors, writing in *The Lancet*, believe that the infection in scarlet fever is not transmitted through the air. Whooping cough infection occurs in summer when there is free ventilation and therefore may be air-borne. Measles probably is so, early in the disease but only for a limited time. Chicken-pox is air-borne probably until the third day. Diphtheria is not carried by the air.

RADIUM IN UTERINE CANCER.—A writer in a Russian medical journal reports the treatment of forty-four cases of uterine cancer with radium. A remarkable symptom is the immediate subsidence of pain, permitting the patient to sleep and so gain in general health. Two cases became operable and in four the cancer was aggravated.

TREATMENT OF LEPROSY BY IODOFORM.—*The Medical Record* notes the treatment of leprosy by intravenous injections of iodoform. Twelve patients were treated for three months. The appetite improved, they felt stronger and were better able to work. Half a grain of iodoform was given twice a week and gradually increased to one grain given five times a week.

TREATMENT OF EPILEPSY.—*The Interstate Medical Journal* says that a German medical journal reports the use of manual compression of the carotids as having a striking effect on the epileptic seizure. The convulsions cease and the patient opens his eyes, takes a deep breath and is able to answer questions. In consequence the effect of a permanent operative narrowing of the carotids was tried. The lumen was narrowed to a point where the pulse in the temporal arteries was just palpable. The resulting cerebral anaemia diminishes the over-excitability of the cortex.

CAUSE AND PREVENTION OF PYORRHEA ALVEOLARIS.—A writer in *The Medical Record* states that this disease of the gums, known also

as Riggs disease, is due to faulty metabolism, owing to the deficiency of a certain substance in the blood, the supplying of which promptly checks the pyorrhea. He recommends sulphuric acid, from thirty to sixty drops, diluted in two to three ounces of water to be taken three or four times a day, the mouth to be well rinsed immediately afterwards. He had found the same treatment efficacious in boils and carbuncles, the astringent producing a marked change for the better within twenty-four hours. He has also used it to advantage in other pus conditions.

APPLYING ADHESIVE STRIPS.—A writer in the same journal recommends using zinc oxide adhesive and at each dressing cutting away only the portion of the strips that hold the dressing in place, applying the new strips over those already on the skin. The original adhesive strips may remain indefinitely and cause no trouble.

VALUE OF MASK OVER SURGEON'S MOUTH.—*The British Medical Journal* reports an experiment to demonstrate the value of covering the surgeon's mouth during an operation. With ordinary breathing and quiet speaking no bacilli were ejected. Coughing for two minutes caused the emission of a few only. These were retained in a mask of eight layers of gauze. Sneezing was the most dangerous source of ejection. One sneeze produced 130 colonies of micro-organisms in a circle of three and one-half inches diameter at a distance of 18 inches. There was no growth on a plate exposed to a sneeze with the face covered with eight layers of gauze.

KEEPING PNEUMONIA PATIENTS OUT OF BED.—*The Journal of the American Medical Association*, quoting from a German contemporary, says that a physician who had several male patients ill with pneumonia, who were being nursed by their families, in order to make their care easier, allowed the patients to be dressed and to sit up at night. To his surprise, great improvement in the delirium and in the general condition followed. He attributed it to the fact that the subconsciousness called into play by the act of dressing, walking about and especially, of rocking in a rocking-chair, steadied the higher brain functions and this, in turn, steadied and regulated the blood pressure and other vital processes. He had tested it in fifty-two cases and found it advantageous.

A NURSE'S TESTIMONY.—*The Medical Record* says: "In an action for negligent and unskilled treatment of an injury by a hospital physician, it was held that the testimony of a nurse of some years' experience and otherwise properly qualified on whether the treatment given the plaintiff was the usual and customary treatment, should have been admitted."

SENSIBLE DIET.—In an article in *The New York Medical Journal* Dr. Fisk writes that to keep warm and give energy for work, fuel foods should be eaten such as bread, potatoes, cereals, syrups and other sugars. To keep muscles and organs in repair, a limited amount of repair foods such as meat, eggs, cheese, nuts, peas, beans and lentils should be used. When work increases or exposure to cold is necessary, the fuel foods should be increased for further energy, not the repair foods. Fruit should be eaten every day, canned fruit being better than none. Fresh green vegetables are valuable. Bulky vegetables such as carrots, turnips, parsnips, spinach, squash and cabbage, should be used for their effect on the bowels. Water may be taken with meals if it is not used to wash the food down. Cheerfulness aids digestion. When there is a tendency to stoutness fuel foods should be restricted.

TREATMENT OF THIRD STAGE OF LABOR.—*The Journal of the American Medical Association*, in a synopsis of an article in a foreign medical journal says that after delivery the less the uterus is manipulated the sooner and more completely the placenta becomes detached and expelled with moderate bleeding. An hour and a half or two hours should elapse before any attempt is made to remove it. By that time it should be lying low in the vagina. With inspection every five minutes it is impossible for serious hemorrhage to take place unperceived. In another article it is stated that in hemorrhage from the placenta praevia and in premature separation of the normal placenta, constriction of the waist with a rubber tube, a pair of suspenders or a rope, has often proved a life-saving measure.

WRIGHT'S SOLUTION AS AN ANTISEPTIC.—A writer in *The Medical Record* recommends a formula known as Wright's Solution, consisting of sodium citrate, 5 per cent; sodium chloride, 3 per cent; distilled water, 100, for the dressing in surgical cases. It has none of the disadvantages of carbolic acid or bi-chloride of mercury and helps Nature in the healing process on her own lines. It keeps the wound clean, favors proper granulation and hastens the separation of small sloughings. It is supplied on a quantity of gauze kept thoroughly moistened.

PRE-DETERMINATION OF SEX.—In an article in *The New York Medical Journal*, the writer states that sex may be determined by variations in the diet. Generous quantities of food with an excess of albuminous nitrogenous substances may decide at conception in favor of a female child, a scanty diet with low proteid allowance, in favor of a boy. In the latter case, eggs, cheese, meat, fish, etc., are forbidden and cereals, fruits, potatoes, milk and butter given. Plenty of water is insisted upon. Two grains of the extract of the suprarenal gland with four grains of lecithin is given after each meal.

LETTERS TO THE EDITOR

TONICS GIVEN HYPODERMICALLY

DEAR EDITOR: It is always interesting to see the various methods of treatment in the different countries. When I was first in Paris it seemed curious to me that the doctor ordered the tonic given hypodermically for a patient who went out daily but after several years of observation I have come to the conclusion that in many cases the French method is a good one.

In America we feel that the patient must be seriously ill, if not dangerously so, when a daily hypodermic is ordered but in France the most common tonics, such as strychnine, arsenous acid and glycono-phosphates, are given hypodermically as is "Serum Fraisse," a well-known and much used tonic which is a combination of the three. Of course we know that in medicine taken by mouth, about one-third is lost; the action is slow and with a patient whose digestion is not of the best, a tonic by mouth is sometimes of little service. In France tablets are never used for the hypodermics but instead each dose is sterilized and put up by the chemist in a tiny glass bottle called an ampoule. By this method one is certain that the solution is sterile and the dose exact. The fluid can only be drawn up into the syringe by breaking one end of the ampoule. Camphorated oil seems to be one of the most popular and generally used of the stimulating hypodermics and by placing the ampoule in a medicine glass of boiling water for five minutes, the oil runs freely and is less difficult to handle. Caffeine and ether are also widely used, quinine sometimes, in fact all the medicines given in America by mouth are used in France hypodermically if so desired. The only drawback to these little ampoules is the expense, a dozen ampoules of strychnine gr. $\frac{1}{16}$ costing eighty cents.

I have never seen any bad result to the skin from these frequent *piques*. The doctors abroad always have the syringe, as well as the needle, boiled each time even for an absolutely clean case. The needles in France are different from ours in America. They cost anywhere from fifty cents to one dollar each but are well worth the extra money, for they can be used indefinitely, sometimes as long as two years, can be boiled repeatedly and after two or three months' use, can be sent to the instrument maker to be sharpened, when they are as good as new.

Another stimulant which with us is used only as a last extremity is oxygen. In France this is used as a daily tonic with excellent results. It is frequently ordered three times a day for five minutes. Another tonic that seemed curious to me when administered to a child of seven years, was a small cup of black coffee, about a dessert spoon given after luncheon. This last is a favorite tonic of one of the greatest of the Paris specialists for children.

New York.

M. G.

TO ENTERTAIN THE SICK

DEAR EDITOR: I take pleasure in submitting a conversation held with an invalid friend of mine which might suggest ideas of use to nurses during long cases.

"I take great delight in outdoor sports," said an invalid to an inquiring caller. The caller looked mystified and the invalid explained: "When I first

began to notice things, lying idly here in my bed, inert and helpless, my eye roamed about the room picking out the flaws, counting the spots on the wall, noting every little disorder and magnifying all these trivialities into keen irritations. One day, in looking at a picture across the room, doubtless to see if a new fly-speck had been added to the three I had already found, I noticed instead, that a reflection of outdoor life was taking place. I became interested. I could see clearly a cat at play with her tail, later on I noticed a chicken stalking along in the grass, for a bit of grass was reflected too. From that day on, I spent much time in looking at these little reflections of outdoor things. I never quite figured out how they could be shown in that picture glass but I did not bother my head that way.

"Finding such rest and forgetfulness of self in this little glimpse of outdoor life, I had the dressing bureau moved so that its mirror would reflect another phase of the out of doors. Sometimes, when feeling especially despondent, I have caught a glimpse of a cat or dog; I have seen a bird mirrored in the glass; I have seen a bit of blue sky or a fleecy cloud, and my despondency would disperse 'til I fell asleep, smiling at the pictures in the mirror. Then, too, I could sometimes see the arrival or departure of a carriage or people and, taking it all in all, I have had more comfort in the reflected outdoor life and sports than in anything else, since being confined to this small room.

"A rapidly growing plant is another great source of satisfaction. I had a bit of German ivy sent me in a bouquet and somehow, I think a God-given way, it sent forth little roots so that, when the bouquet was thrown away, the little ivy was put in a flower pot and placed where I could see it. For a while it did not grow much but after a time it began and the wonder of it! It was astonishing how it covered the little trellis devised for it. In the morning, waking especially weary, my dull eyes sought for my thrifty friend, the ivy, and I could nearly always see a little elongation of a branch, a new leaf started or possibly a protuberance that promised even a new branch. That little ivy plant spoke of life and health to me, of God's great goodness and His care and it taught me many precious lessons. When someone brought me a bunch of flowers, from the ivy's teachings, I thought about their growth and spent much time in conjecturing their surroundings and just how they had grown and bloomed.

"If I had a gift of fruit, oranges or bananas or any tropical fruit, I thought many times of their growth and pictured to myself their beauty, the sunny skies, the warmth and all the strange things that attended their growth and production. I thought of how many people had probably helped towards the perfection of that little gift of fruit and I really learned many things in that way. I could read a little and I have kept myself from myself in many, many ways."

The above testimony came from a woman who had been an invalid for seven years but who subsequently recovered her health and usefulness. It seems worth passing along.

South Dakota.

R. S. M.

WORK IN A SMALL TOWN

DEAR EDITOR: Sometimes the experiences of a nurse working in a small community are instructive as well as amusing. I would like to submit this little chapter of my experience while nursing in a small Western lumber camp, in the hope that some young nurse, coming from a well-equipped hospital, may realize that adaptability and versatility are not the least of the qualifications for a country nurse.

Last winter I was called to a case which proved to be an ovarian abscess, requiring an operation. I was alone with this patient, Mrs. B., her husband being away, and I had to cook and do what housework was necessary until she was taken to a hospital in a neighboring city. While with her, the doctor asked me to assist him in operating on a large mammary abscess on a patient who lived near.

I went to the house with the doctor at ten a. m. After introducing me and moving the table into the sitting-room—there were only four rooms—he said he would return in four hours. Instead, he returned in one hour and, though he appeared to wait patiently, I heard afterwards that he was displeased until he came to the realization that I had nothing to work with and was improvising, as well as cleaning, everything we were to use.

Every dish seemed to be in the dish-pan waiting for the water to heat, and the wood was wet. I found an enameled wash basin which was so coated with dirt and grease that soap and water would not remove it. I finally scoured it with ashes and put some water on in it to boil. Next I found a five-pound lard pail in which to cool some boiled water by setting it out in a snowbank. Then I prepared the table. The people were Norwegians and though the patient understood English quite well the maid did not, or else my New England accent puzzled her, for every word I said to her had to be interpreted. A round enameled pan and soup plate emerged from the dish-pan and I joyfully seized them and put them with the wash basin to boil. The doctor then gave me his instruments to be boiled also. There was no soda bi-carbonate and not enough towels so I sent the "hired girl" to borrow some. The doctor wouldn't wait for the patient to be bathed so as soon as the kettle boiled, and it was literally a case of "the watched pot," we put the patient on the table.

I gave the anaesthetic and the work was soon done. I stayed until the patient had recovered from the anaesthetic, cleaned up and promised to come again in the evening and give her a bath. I made ten visits to this patient, sometimes assisting the doctor in doing the dressings and sometimes doing it alone when he was busy elsewhere, and sometimes giving her a bath and combing her hair which was very long and thick. She was a good patient, with wonderful self-control. She never made a sound when the dressings were done and it must have been exceedingly painful.

She had a three-weeks' old baby and an older child who was always under foot and very contrary. When told to do certain things, she would not, so when they wanted her to do anything they told her not to and she immediately screamed to do it. A neighbor washed and dressed the baby and she, or the maid, fed it every time it whimpered. I gave the mother some advice in regard to feeding it regularly, when she should be able to care for it herself. The husband worked in a saw-mill. They were very comfortable when well but were poorly prepared for sickness. The "hired girl"—there were no servants in this country—was very slovenly.

When I had been with Mrs. B. about a week, the doctor sent for me one morning at five-thirty to assist in delivering a woman who had been in labor for three days. This patient was a young woman whose husband was a saloon-keeper, a remarkable man, for he did not drink and spent all his time at home reading. I gave the anaesthetic while the doctor delivered the baby, an eight-pound girl. The patient had two hemorrhages while we were putting her in order. Ergot

was given and the uterus held an hour, the doctor and I taking turns. There was no return of the hemorrhage.

Meantime my patient, Mrs. B., was alone and had had no breakfast. The doctor wished me to stay a while with Mrs. C., so Mrs. C.'s sister went to Mrs. B. with toast and coffee which was already made, to save time. About eleven a. m., I returned to my first patient but promised to go to the second to give her a douche.

The next day, Mrs. B. was taken to a hospital in a nearby town but I stayed on at her house alone, visiting Mrs. C. twice daily for two days to give douches and to catheterize. Then she decided to have me stay with her until she was well. I was with her two weeks.

The day before I went to her I visited another case, a woman who had had a miscarriage and hemorrhage. The family lived on the top of a steep hill and as there was no path broken through the snow, I went in nearly to my knees. Fortunately Mrs. B. had loaned me a pair of leggings and the weather was not cold.

These people were quite well off, had an automobile, piano and graphophone but no teakettle or drinking glasses. I had to boil water in a lard pail. I gave the patient a bath, a douche, combed her hair and changed the bed. I expected to visit her the next day but the doctor said that it was not necessary. A few days later I visited her. Relatives from the East had arrived, three grown people and four small children, making thirteen people in the house which had five rooms.

About a week later I was asked to visit her again as she had had a severe hemorrhage, from what cause the doctor could not determine, though possibly the extra people and a very cross sister-in-law may have helped to bring it on. This time she was so weak, with a pulse so rapid and irregular, that I was afraid at first to disturb her and I did not give her a bath. However, when I had been with her a couple of hours she seemed better and I bathed her face and hands and combed her hair, which had not been touched since I was with her a week before. A nurse was procured for her the next day and she made a good recovery. I never found out how or where that nurse slept, she was the fourteenth inhabitant of the five rooms.

In the meantime, Mrs. C.'s baby developed jaundice and had to be dosed with castor oil. She slept all the time and would not nurse. I had to pump the breast milk and feed her with a spoon. Anxiety over the child caused the milk to become so scanty that there was not enough and I had to give cow's milk diluted with water, for several feedings. It was wonderful to see how the mother's milk came back as the child improved and the mother's mind was relieved from worry. I left the mother and baby doing well, the mother up and able to care for the child. She had competent help and everything to do with.

The doctor assured me he could keep a nurse busy all the time and I concluded that he could, indeed. The work I did was interesting and I enjoyed it. But I realized that it would be impossible to combine twenty-four hour work with visiting, for any length of time.

P. R. I.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

REPORT OF THE TWENTIETH CONVENTION OF THE NATIONAL LEAGUE OF NURSING EDUCATION

ST. LOUIS, MO.

April 23-29, 1914

This convention was characterized by enthusiasm and harmony, thoughtful, well prepared, helpful, suggestive papers and relevant discussion. The meetings held in connection with the American Nurses' Association and the National Organization for Public Health Nursing were of special interest and value, bringing the organizations nearer together and demonstrating that in essentials the interests of all bodies are identical.

Each nurse present must have felt that all the problems of the League were her problems and that the success of every branch of nursing work really depends upon the efficiency of the work done by the educators who make up the League membership.

Miss Noyes ably presided at the principal sessions and the chairmen of the sub-sessions were well chosen for in each instance the program was well carried out. Several of the younger members were heard for the first time and demonstrated their entire fitness for taking up and carrying on the work of the pioneers who are gradually dropping out. Seventy-nine new applicants were voted into membership and five state leagues joined the national body.

Dr. George Payne, of Harris Teachers' College, gave an interesting address on How to Interest High School Girls in Nursing. He suggested that an affiliation with the National Vocational Guidance Association would be desirable. The young woman graduating from high school must know something of the vocation she is to enter and the qualifications necessary to fit her for it. He believed that the teachers must assume the responsibility of such instruction and guidance. He especially commended the pamphlet which was published by the Nursing and Health Department of Teachers' College which gives comprehensive information, valuable to all prospective nurses.

✓ The report "What Constitutes an Approved School of Nursing," read by Miss Goodrich, which the Educational Committee prepared, was the most important matter brought before the convention. The report was the basis of discussion throughout two or three sessions.

The open meeting at 8. p.m., April 24, which was held in the Third Baptist Church had as a subject "The Standardization of Nursing Education. Nothing has ever been read which was more encouraging to the training schools superintendents than the papers presented by Dr. Fred S. Murphy and Dr. George Dock of Washington University. The high ideals of these gentlemen and their confidence in the ability of nurses to fit themselves adequately for the important work which awaits them was stimulating and comforting. M. Adelaide Nutting sent a valuable contribution on Hospital Trustees and the Training Schools which should be put into the hands of every hospital trustee. No session held closer interest than the

one on Legislation but the Education of the Public Health Nurse also attracted a very large and appreciative audience.

It is impossible, in a brief report, to even indicate the many valuable facts and suggestions that were presented at the different sessions. Every nurse who is in the least concerned about the newer developments along nursing lines should procure a report. There have not been enough orders for individual reprints to warrant any orders for separate reports and addresses, so those who wish to get the benefit of this convention, who are not already members of the League, should send their orders to the secretary not later than September 15. It is impossible now to say just what the expense will be but probably not less than \$1.00, and possibly a little more, as it has seemed best to publish all the reports, papers and most of the discussions in full.

Miss Eldredge's paper on The Progress of the Past Year in Nursing Legislation, as well as the papers of Miss Pickhardt, Mr. Baldwin, and Mrs. Stevenson were full of interest and helpful suggestions.

The university schools are doing fine work and setting a pace which the hospital schools must watch or they will find themselves outdistanced ere long. In the middle west especially, the nurses are getting into active coöperation not only with university leaders but with women's clubs. The influence of the Teacher's College Department of Nursing and Health is spreading rapidly. Much interest is felt in the Florence Nightingale Memorial Offering which is the special work for this year.

The officers elected for next year are: president, Clara D. Noyes; vice-presidents, Lila F. Pickhardt, Ellen Stewart; secretary, Sara E. Parsons; treasurer, Mary W. McKechnie.

SARA E. PARSONS, *Secretary*.
Massachusetts General Hospital, Boston.

AMERICAN NURSES' ASSOCIATION

THE RELIEF FUND CALENDAR

The calendar for 1915 will be ready much earlier than those of previous years so that it may be used for fall and Christmas sales. It is promised for early September. The cover design was made by Miss Stewart of Teachers College, and is most attractive. It is to have six sheets, and it is hoped that the whole calendar will prove most satisfactory and that it will sell as readily as did its predecessors. The price will be fifty cents. One person in each state will be asked to take charge of the sale, but as many more as wish may have separate consignments sent to them. Miss Giberson, who has been in charge of the calendars each year, has been in ill health this year, but has worked indefatigably upon them. She wishes to thank those who helped in the calendar sales last year and to make an appeal for interest and coöperation this year from associations, superintendents and senior classes. The names and addresses of Miss Giberson and Mrs. Twiss are to be found in the Official Directory.

BACK NUMBERS OF THE PUBLIC HEALTH NURSE QUARTERLY DESIRED

Miss Josephine Smith, 612 St. Clair Ave., Cleveland, Ohio, desires back numbers of the *Public Health Nurse Quarterly* to complete the files. The numbers wanted are April and July, 1910, and January, 1913. They may be sent to the above address.

ARMY NURSE CORPS

APPOINTMENTS.—Jessie M. Braden, graduate of East Liverpool Hospital, East Liverpool, Ohio, post-graduate of Bellevue Hospital, New York City; Ila Broadus, City Hospital, Louisville, Ky., post graduate Woman's Hospital, New York City; Anne L. Caenen, West Side Hospital, Chicago, Ill., Hettie Gooch, St. Luke's Hospital, Chicago, Ill.; Ruth Holland, State Hospital, Taunton, Mass., post graduate General Memorial, New York City; Louise Knapp, City Hospital, Minneapolis, Minn.; Margaret J. MacDonald, St. Luke's Hospital Spokane, Wash., post graduate, Woman's Hospital, New York City; Jean G. Mackenzie, Western District Hospital, Glasgow, Scotland; Margaret M. MacNeill, State Hospital, Taunton, Mass., post graduate, Boston City Hospital, Mass.; Pearl Murphy, New Orleans Sanitarium, New Orleans, La.; Ethel L. Rumph, Methodist Episcopal Hospital, Brooklyn, N. Y.; Marie Speckert, German Hospital, San Francisco, Calif.; Mrs. Elizabeth Spencer, Woman's Hospital, Buffalo, N. Y., and post-graduate training. Assigned to duty at the Walter Reed General Hospital, Takoma Park, D.C. Virginia Mooney, graduate of Wichita Hospital, Wichita, Kan., 1905 to 1914 at Isthmian Canal Commission Hospitals, Canal Zone, Panama; assigned to duty at Army and Navy General Hospital, Hot Springs, Ark.

RE-APPOINTMENTS.—Evelyn E. Mericle, Trinity Hospital, Milwaukee, Wis.; Frances M. Steele, Maryland General Hospital, Baltimore, Md.; assigned to duty at Walter Reed General Hospital, Takoma, Park, D. C.

TRANSFERS.—From Walter Reed General Hospital, Takoma Park, D. C.: To Fort Leavenworth, Kan., Bessie E. Cowdery, Mae V. Sullivan and Margaret McCarthy. To Army and Navy General Hospital, Hot Springs, Ark., Gwendolin M. Lewellen, Helen Nevin and M. Eliza Weaverling. To the Letterman General Hospital, San Francisco, Calif., Marie E. Logan, Pauline J. Paulson, Daisy D. Smith, Elizabeth M. Bannan, Eleanor Wilson, Charlotte S. Wills, Edna M. Weaver. From Army General Hospital, Fort Bayard, N. M.: To Fort Leavenworth, Kan., D. May Berry. To Letterman General Hospital, San Francisco, Calif.; Elida E. Raffensperger and Elsie Neff. From Army and Navy General Hospital, Hot Springs, Ark.: To Letterman General Hospital, San Francisco, Calif., Cecilia A. Brennan. From Department Hospital, Honolulu, H. T.: To Letterman General Hospital, San Francisco, Calif., Rosanna M. King, Jeanie Leeson, and Lyda M. Keener. From the Letterman General Hospital, San Francisco, Calif.: To Army General Hospital, Fort Bayard, N. M., Matilda A. Romeo, Margaret J. Stevenson, Elizabeth J. Crowley, Alice A. Rowe, Emma K. Frey, Alice W. Cline and Anna J. Crowley. To Fort Leavenworth, Kan., Bessie S. Bell, with assignment to duty as Chief Nurse. To Department Hospital, Hawaiian Department, Honolulu, H. T., Emma Woods, with assignment to duty as Chief Nurse, Eugenia Y. Yarrington, Fredericka M. Banks, Marie E. Logan. To Philippine Department, Manila, P. I., Sophy M. Burns, with assignment to duty as Chief Nurse at Fort Wm. McKinley, Rizal, P. I. To Walter Reed General Hospital, Takoma Park, D. C., M. Estelle Hine, with assignment to duty as Chief Nurse. From Department Hospital, Manila, P. I., to Fort Wm. McKinley, P. I., Mary A. Davis. To the United States, via Europe, Gertrude H. Lustig. To Letterman General Hospital, San Francisco, Calif., Minnie E. Kuehl, Anna S. Herman, Mary T. Egan, and Elsie C. Dalton. From Pettit Barrack, Zamboanga, P. I.: To Department Hospital, Manila, P. I., Nena Shelton and Callie D. Woodley.

DISCHARGES. From Fort Leavenworth, Kansas, Mary C. Jorgensen, Grace B. Gooding, Clara B. White and D. May Berry. From Army General Hospital, Fort

Bayard, N. M., Mabel Noyes, Frances Lennox, Mary K. Gooding, Margaret Hughes, Clara M. Ervin. From Army and Navy General Hospital, Hot Springs, Arkansas, Martha A. Roberts. From Letterman General Hospital, San Francisco, Calif., Minnie E. Kuehl, Rosanna M. King, Frances M. Steele, Anna M. Bechtold, Jane T. Taylor. From Department Hospital, Honolulu, H.T.: Antoinette Jaycox.

ISABEL McISAAC,
Superintendent, Army Nurse Corps.

REPORT OF THE SUMMER SESSION, DEPARTMENT OF NURSING AND HEALTH,
TEACHERS COLLEGE, NEW YORK

The attendance of 51 nurses at the Summer Session this year is exceedingly gratifying, being almost three times the number of last summer. Of these, three are former students of the Department returning for special work, leaving 48 new students. The eastern states supply 23 of these; the middle west, 13; the west, 2; the south, 9; and Canada, 1. It might be interesting to many to note that of this group the largest proportion, 16 in all, is made up of superintendents of hospitals or training schools or of both combined; seven are assistant superintendents and instructors, two are head nurses; ten are school or college nurses; five are visiting nurses and six belong to the Red Cross Town and Country Nursing Service.

In their general interests, the group this summer is about evenly divided between Public Health Nursing and Training School work.

Six weeks seems a very short time in which to crowd in all the lectures and classes, the reading and excursions, as well as the outside attractions which appeal so strongly to visitors in New York. The weather has been remarkably good, however, and in spite of the fact that most of the visitors are putting in their vacation time in this way, the enthusiasm and interest have been exceedingly well sustained.

The summer session does not attempt to offer all the courses given in the regular term and cannot, of course, in the short time, do more than introduce the student to the various fields for which special preparation is so urgently needed. Still, there will always be a certain number of nurses who, for various reasons, cannot take advantage of the more extensive courses offered and who are obliged to snatch these opportunities as they can. As a rule, the short course is simply an "appetizer" which stimulates enthusiasm and rouses the demand for more. The popularity of the summer session at Columbia University among teachers and students everywhere is shown by the increasing number of earnest and experienced men and women who come every year. The numbers this year are about 5600, over a thousand more than last year.

MAINE

Portland.—THE MAINE STATE NURSES' ASSOCIATION held its annual meeting at Burnham Gymnasium, June 25. The following officers were elected: president, Edith L. Soule, Portland; vice presidents, Mrs. Sarah Hayden and Caroline Kelly, Augusta; recording secretary, Myrtle Taylor, Lewiston; corresponding secretary, Maria Irish, Portland; treasurer, Bernice Mansfield. It was decided to have the Association incorporated. Ida Washburn was appointed delegate to the annual meeting of the Maine Federation of Women's Clubs which meets at Presque Isle in September.

It was voted to begin work for State Registration at once and the following legislative committee was appointed: Mrs. Sarah Hayden, Rachael Metcalf, Edith L. Soule, Ida Washburn, and Lucy Potter. The next association meeting will be held in September, at Lewiston.

CONNECTICUT

New Haven.—THE ALUMNAE ASSOCIATION OF THE GRACE HOSPITAL held the regular summer meeting at the nurses' dormitory. Seven members were present, the president presiding. After the transaction of the routine business the report of the delegate to St. Louis was given and an informal discussion followed.

MASSACHUSETTS

THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration, on Tuesday, October 13, 1914, in Room 15, State House, Boston, beginning at 9 a.m.

WALTER P. BOWERS, Secretary.

Boston.—MISS McCLELAND, a graduate of the McLean Hospital for the Insane and of the Massachusetts General Hospital, has accepted a position as superintendent of the Northampton Hospital, Northampton. Miss McCleland has had charge of the Millet Tuberculosis Sanitorium at Bridgewater, and has lately completed a course at the Slóane Maternity Hospital. She has long been a valued member of the Boston Nurses' Club.

FIVE RED CROSS NURSES, members of the Boston Nurses' Club, have been engaged in work in Salem and Beverly. This work for the Red Cross began June 27, after the disastrous fire which left so many families homeless and also destroyed the factories where they were employed. The Red Cross turned the work over to the local authorities on the first of August. The nurses have many interesting stories to tell of their varied experiences. They enthusiastically comment on the condemnation of the word "Charity," in the work of rehabilitating families. Dr. Laura A. C. Hughes, chairman of the local Red Cross committee, had charge of the nurses at the various stations. Miss Beatty, who is Social Service Visitor for the New England Hospital, gave part of her vacation to the relief work.

EVA M. WALLACE, class of 1912, Boothby Hospital, Boston, has accepted the position of operating room nurse at the Macon Hospital, Macon, Georgia.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION will hold its thirteenth annual meeting in the Onondaga Hotel, Syracuse, October 21 and 22. Registration of delegates will be from 9-10 a.m. on Wednesday, the 21st. Delegates are requested to come prepared to take an active part in the discussion of the report of the Committee on Legislation and to pledge a contribution to the campaign fund if it is voted to continue the legislative campaign to standardize the word "nurse."

The headquarters of the Association will be the Onondaga Hotel, with the following rates:

Rooms without bath, facing street, two persons, \$3; larger rooms, \$3.50. Rooms with private bath, facing open court, two persons, \$3.50; facing street, \$4.

The program is as follows: Wednesday morning, opening addresses, president's address, reports of officers, committees and delegates. Wednesday after-

noon, legislative session, with reports from the legislative committee and of district committees, address by Augustus S. Downing. Wednesday evening, papers: Some Direct Relations between the Science of Eugenics and the Nursing Profession, Arthur E. Hamilton, Director of the Extension Department of the Eugenics Record Office; The Tonsil in its Relation to Rheumatism and Infectious Diseases, T. H. Halstead, M.D.; Conquest of Contagion, Charles Floyd Burrows, M.D.

Thursday morning, papers: The Private Duty Nurse, Mabel Chase; Midwifery, Carolyn Van Blarcom; other papers to be announced later. Thursday afternoon, Report of the Public Health Committee; papers: The Work of the Public Health Council of the State Department of Health, Mrs. Elmer Blair; Tenement House Inspection, Jessie McVean; other public health papers to be announced later. Unfinished business. The polls will open at 1 p.m. Wednesday and close at 1 p.m. Thursday.

THE NEW YORK STATE LEAGUE FOR NURSING EDUCATION will hold its annual meeting in the Hiawatha Room of the Onondaga Hotel, Syracuse, on October 20, at 10 a.m., preceded by an executive meeting at 9 a.m., with the following program: reports from local committees; report from the Committee on Scarcity of Probationers; papers: What Inducements Should Schools of Nursing Offer to Procure the Most Desirable Candidates? by Ella Phillips Crandall; Publicity Methods, Mr. Owen Lovejoy. 2 p.m., papers: The Standard Curriculum by Annie W. Goodrich. The Value of the Preliminary Course to the Hospital and to the Pupils, Katherine A. Decker; Affiliation (discussed from the standpoint of the school sending pupils, of those receiving them, and of the pupil); by Clara D. Noyes, discussion by Miss Cadmus, Miss Kurtz and Miss Nye; Training for Mental Nursing, by Josephine A. Callahan; The Value of Good Records in Training Schools, Grace H. Cameron.

New York.—THE NURSES OF THE NEW YORK POST-GRADUATE HOSPITAL have established a fund for the relief of such of their number as may become afflicted with tuberculosis. It is known as the Margaret Johnson Fund for Tuberculous Graduate Nurses and was made possible by one who was a patient in the Post-Graduate Hospital. Applications may be made to Mrs. Dorman, treasurer, 133 East 57 St., New York.

In the babies' ward of this hospital a salaried physician, Dr. Sullivan, has been placed in the reception ward with a graduate nurse, Lucy Brooks, as associate. This new branch of the service obviates the necessity for the ward staff to visit the reception wards and will prove a valuable factor in minimizing the complications caused by the introduction of contagion. The hospital has had record attendance at its clinics this summer. One day 1060 patients were treated in the 92 clinic rooms and four amphitheatres.

DR. C. IRVING FISHER who has been superintendent of the Presbyterian Hospital for many years has resigned. Those nurses in New York who have been engaged in the work of building up the nursing organizations will remember with gratitude that Dr. Fisher's clear vision and counsel was always at their disposal and their good wishes go with him for the future.

PAULINE DOLLIVER who has been registrar of the Central Registry since its opening has resigned her position and on September 1st, Irene Yocum will assume the duties of registrar.

Rochester.—THE NURSES' CENTRAL DIRECTORY OF THE MONROE COUNTY NURSES' ASSOCIATION held an ice-cream social at their club house on August 7. Many guests were present from the various alumnae associations of the city.

Refreshments were served on the lawn which was gayly decorated with Japanese lanterns. Music and dancing followed in the evening. The affair was voted a success, with appreciation extended to the committee in charge, consisting of Mrs. Margaret Hodgson, Ruth Trimby and Linda Baker.

NEW JERSEY

Passaic.—THE ST. MARY'S HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises for the class of 1914 at St. Nicholas auditorium, June 30. The program was an interesting one with musical numbers, both vocal and instrumental. The graduating class included seven members.

THE ALUMNAE ASSOCIATION held the regular quarterly meeting at the Nurses' Home, July 15; the president, Miss Hines, presiding. Reports were read, among them being a very interesting and instructive one by Miss Hines, delegate to the New Jersey State Nurses' Association. At the close of the meeting Miss Hines tendered her resignation which was accepted with deep regret. A rising vote of thanks was given in appreciation of her labors and the interest she has shown in the past. The meeting was adjourned to October 15, which will be an annual meeting.

A. GERTRUDE HINES, who has been district nurse for the Metropolitan Life Insurance Company for more than three years, has resigned and accepted a position in the Army Nurse Corps. She will be succeeded by Agnes C. Hogan.

Elizabeth.—THE ELIZABETH GENERAL HOSPITAL has completed the construction of a new nurses' home which is a credit to the institution. The class and demonstration rooms are modern and well-equipped and the kitchen, laundry and sewing rooms will be appreciated by the nurses. The recreation and assembly rooms are spacious and attractive. An opportunity for fresh air has been provided for in the veranda and roof garden. The large increase in the number of patients in the hospital during the past year has made imperative the enlargement of the nursing force and required a new home. A large class is expected this fall for which equipment for the most advanced teaching has been acquired.

Orange.—MARY ELIZABETH WALLACE, graduate of the Memorial Hospital Training School, has completed a four-months' course of training in the Victorian Order of Nurses in Vancouver, B. C., and has been appointed to that post.

PENNSYLVANIA

White Haven.—THE WHITE HAVEN SANATORIUM TRAINING SCHOOL held commencement exercises on July 17 when ten young women received diplomas. Dr. Frank A. Craig, Chairman of the Training School committee presided at the exercises. Dr. James J. Walsh of New York, lecturer, author and physician, addressed the graduates. He spoke of the need of specially trained tuberculosis nurses and what an excellent thing it is for a woman who has had the disease to make her life work the stamping out of the White Plague. A bouquet of American Beauty roses was presented to Anna L. Morris, superintendent of the sanatorium, after which the diplomas were awarded by Dr. Lawrence Flick. The Alumnae Association inaugurated a new feature which it plans to continue with each class, to present to each graduate one year's subscription to the AMERICAN JOURNAL OF NURSING.

Philadelphia.—MARY BETHEL, class of 1910, Howard Hospital, has joined the Navy Nurse Corps. SARA M. JOHNSON, class of 1913, is taking a post-graduate course at the Boston Floating Hospital.

THE PHILADELPHIA CLUB OF GRADUATE NURSES has amended its charter so that in future the name shall be the *Nurses' Club of Philadelphia County*,

MARYLAND

Baltimore.—THE MARYLAND STATE BOARD OF EXAMINERS FOR NURSES will hold the next examination on October 20, 21, 22, 23, 1914, at 1211 Cathedral St. All applications should be filed with the secretary before October 1.

MRS. ELIAZBETH P. HURST, R.N., *Secretary*,
1211 Cathedral St.

VIRGINIA

Richmond.—MR. F. B. MORLOCK has been elected superintendent of Memorial Hospital which is connected with the Medical College of Virginia. Mr. Morlock assumed his duties on July 15, succeeding Miss Randolph.

AUDREY M. CORSON who, for the past year, has been superintendent of nurses at the Hygeia Hospital, has resigned her position and is now taking a rest at her home in that city. Miss D. M. Hugo of Amsterdam, N. Y., is taking her place at the Hygeia.

KENTUCKY

THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES sent out a field secretary a year ago, while trying to secure legislation, to interview members of the General Assembly in five of the congressional districts. The report of this secretary, Miss C. C. Collins, which is just at hand, shows what she was able to accomplish: number of members seen by the representative, 41; number of members to whom letters were written, 29; total number of members, 70; copies of acts distributed, 150; talks before graduate and pupil nurses, 6; miles traversed by railroad, 1450; by vehicle, 139, total, 1589; time devoted, one month; in Frankfort, before the General Assembly, from February 19 to March 11, 1914.

Louisville.—THE LOUISVILLE PUBLIC HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises on May 26 on the roof garden of the hospital. On account of the illness of Dr. Fowler, superintendent of the hospital, Dr. Morton presided. Mary Busch presented the diplomas. After the exercises refreshments were served, followed by dancing.

THE JOHN N. NORTON MEMORIAL INFIRMARY TRAINING SCHOOL FOR NURSES held commencement exercises at the Women's Club, when diplomas were given to a class of fourteen members. Refreshments were served and dancing followed.

The Alumnae Association held its ninth annual meeting on June 17 in the lecture room of the Infirmary. The meeting was called to order by the president, Elizabeth Robertson. A number of changes were made in the constitution and by-laws. The date of the annual meeting has been changed from October to June. After some discussion it was decided that all members in arrears for one year should be dropped. The Committee of the Graduate Nurses' Room was changed to the Committee of the Endowment Fund and it was voted to use the fund which had been collected for the Graduate Nurses' room as a nucleus for the Endowment Fund. Great enthusiasm was shown and it is hoped that material aid will be given toward increasing the fund to the necessary amount. Resolutions were read and filed deploring the untimely death of Florence Cain, Class of 1906, who was one of the best loved members and a splendid woman. The Alumnae Association is in a very flourishing condition, the membership being greater than it ever was before.

Officers were elected for the following year as follows; president, Elizabeth S. Robertson; vice-presidents, Eliza Johnson and Kathryn Mourning; secretary, Emma Isaacs; treasurer, Maud V. Hayward; auditor, Edna H. Drane; chairmen of committees: program, Katherine Hooe; membership, Rosa Wright; social, Charlotte Fritsch; endowment fund, Vonda Barth; sick, Katherine Jenkins. Refreshments were served by the social committee and a very pleasant hour was spent.

NELLIE WARDMAN has accepted the position of tuberculosis nurse for Danville and Bail counties.

MICHIGAN

Houghton.—THE COPPER COUNTY GRADUATE NURSES' ASSOCIATION has prepared a program for the year of 1914-1915 with a schedule of meetings as follows: September 12, Miss Leveau: hostesses, Miss Northway, Miss Murray; installation of officers, parliamentary drill by Mrs. Wetzel. October 10, Tuberculosis Sanatorium: hostesses, Mrs. Foley, Miss F. MacLean, Miss Morrison; Journal Day. November 14, Mrs. McKinnon: hostesses, Miss E. McDonald, Miss Kelly; program in charge of sick committee. December 12, Mrs. Stern: hostesses, Mrs. Runyan, Miss Trevarrow; surprise program, Mrs. Northway, Miss Kerr, Mrs. McKinnon, Miss Trevarrow, Miss Leveau. January 9, Mohawk Hospital: hostesses, Miss Kerr, Miss Sheehan, Miss Duane; five-minute papers, Miss McLean, Miss Douglas, Miss Webber, Miss Sheehan. February 13, Miss North: hostesses, Miss Johnson, Miss Chamberlain; election of officers. March 13, Lake Linden Hospital; hostesses Mrs. Peiffer, Miss T. McLean, Miss Varley; Department Store Nursing, Mrs. Foley. April 10, Hancock High School; reception committee; address, Dr. Fisher. May 8, Tamarack Hospital: hostesses, Miss Paynter, Miss Webber, Miss Lester; parliamentary drill, Mrs. Webber. June 26, Copper Range Hospital; hostesses Miss Abramson, Miss Maierle; picnic.

Election of officers took place with the following result: president, Mrs. Northway; vice-presidents, Miss Sheehan and Mrs. Stern; recording secretary, Miss Kerr; corresponding secretary, Miss Paynter; treasurer, Mrs. Atkins. Chairmen of committees are: credential, Mrs. McKinnon; program, Miss Abramson, printing, Miss Paynter; sick committee, Miss T. McLean.

INDIANA

Indianapolis.—THE MARION COUNTY GRADUATE NURSE ASSOCIATION held the August meeting at the Mutual Service Association Camp, a short distance from the city. The order of the day was first, a chicken dinner, followed by a short business session to elect six new members, and a social hour.

A PUBLIC HEALTH NURSING ASSOCIATION has been established in Indianapolis after months of work and waiting. Laura Wilhelmson, graduate of the Illinois Training School, Chicago, late of Grand Rapids District Nursing Association, is superintendent. The staff is composed of six nurses and the superintendent. For four years the Metropolitan Life Insurance Company has conducted its nursing service independently of any nursing organization but has now transferred its work to the new Association. It is hoped that the plan will be of mutual benefit and that the united efforts of staff, officers and public will secure success.

ILLINOIS

THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will meet in Chicago—October 21 and 22, 1914, for the purpose of conducting an examination for the registration of nurses. For information and application blanks apply to

ANNA L. TITTMAN, R.N., *Secretary*,
State Capitol, Springfield.

Rockford.—THE THIRD DISTRICT ASSOCIATION OF THE ILLINOIS STATE ASSOCIATION held its annual meeting on June 27. The business session was held at Talcott Memorial Home for Nurses and the following officers were elected for the ensuing year: president, Violet M. Jensen, Rockford; vice-presidents, Nelda Nolting, Freeport, and Mrs. F. M. Bertrand, Rockford; secretary, Sadie A. Strande, Rockford; treasurer, Julia S. Chubbuck, Rockford.

The constitution and by-laws were revised to provide for a second vice-president, also for three additional standing committees, Red Cross, Finance, and Social Service. The Report of the finance committee showed that one hundred dollars had been raised to be applied on the debt made in the work for a legislative act revising the law governing the registering of nurses and training schools. After the close of the business session, luncheon was served at the Nelson Hotel to members and out-of-town guests. Mayor Bennett made the welcoming address in the afternoon at an open meeting. Addresses were also given by Dr. Sidney Wilgus of Wilgus Sanitarium, and Elnora Thomson, president of the State Association of Graduate Nurses. Music was furnished by Mrs. Kinder and Mrs. Carlson. At the close of the meeting the Rockford Motor Club gave the members and visitors a ride about the city.

The new addition to the Rockford Hospital is nearing completion. It is a six-story structure and is to be modern in every way.

Chicago.—THE ALUMNAE OF THE CHICAGO HOSPITAL TRAINING SCHOOL FOR NURSES had a "Get Together" dinner at the Chicago Nurses' Club on June 6. Miss Beason presided as toast-mistress. Greeting in the form of an original poem by Dr. D. A. Steele was read by Miss C. C. Small. A history of the training school by Dr. J. T. Brinkley was read by Miss Beason as well as greetings from Dr. William E. Quine. Pleasing and inspiring talks were given by guests, Minnie H. Ahrens, Mrs. Frederick Tice and Harriet Fulmer. Helen B. Freer gave a happy reminiscence of the formation of the alumnae organization.

KATHERINE BRADNER has been transferred from the Health Department to the Infant Welfare Society for the months of July and August. MARY WHITNEY has accepted a position in the Health Department.

MARY C. STEWART, who has for the last five years acted as superintendent of the Chicago Polyclinic Training School for Nurses, besides acting as superintendent of the Henrotin Memorial Hospital, has resigned her position and will go to Canada for an extended rest and then to the south and west for a number of months. Any mail addressed to The Chicago Nurses Club, 1910 Calumet Ave., Chicago, Ill., will reach Miss Stewart.

IOWA

THE NEXT EXAMINATION FOR NURSES will be held at the Capitol Building, city of Des Moines, Iowa, October 13, 14 and 15, 1914. There are those practicing the profession of nursing in the state of Iowa, contrary to the Nurses' Law, and if the law were enforced, these nurses who are advertising as graduate or registered

nurses, would be prosecuted and fined, as the law provides. It is very desirable that all shall take due notice and make application and take the examination as is provided by the nurses' law in Iowa. Some of these days someone will enter complaint against those who are violating the law and arrests will follow. Take warning and secure an application at once and begin to prepare to take the next examination, October 13, 14 and 15, 1914. For applications and information, write to,

DR. GUILFORD H. SUMNER, *Secretary*,
Iowa State Board of Health,
Capitol Building, Des Moines, Iowa.

MISSOURI

St. Louis.—SABINA BRADY is taking a post graduate course of nine months at the Polyclinic Hospital, New York.

Kansas City.—THE KANSAS CITY GRADUATE NURSES ASSOCIATION held the June meeting in the new Club House at 3031 Charlotte Street, having moved during May from the Club Rooms at 708 Troost Avenue, where they had been temporarily located for one year. The Club House is plainly but artistically furnished in oak and is the home of the Registrar and open at all times to members of the Association and profession. This Club House has long been a dream of Kansas City nurses. In 1903, in the parlors of the Bonaventura Hotel, Rosine Vreeland, Cornelia Seelye, Emily Cordell, Mary E. Murray, Lottie Carr, Mary B. Hill, Albertine Battin, and Ina Roberts organized the Kansas City Graduate Nurses' Association, the first nursing organization in the state of Missouri. The place of meeting was chosen for each regular meeting until club rooms could be obtained; consequently the members met in churches, homes and the Y. M. C. A. auditorium until now they have a home of their own. The dream has been realized. Three of the original eight organizers are still active and eight of the 21 charter members, one of whom is the president. Out of the work of this organization have grown alumnae organizations of almost every training school in the city, a superintendents' association, its share in the state association, state registration and all that it stands for, membership in the American Nurses' Association, and last to be mentioned the Central Directory, established "by nurses for nurses," with Mrs. Emma D. Slack as registrar who takes a personal interest in every nurse, her career and welfare. The membership has reached nearly 300, with 115 directory members. The Club House is located near enough to the New Union Station to give any transient nurse access to its comforts and any visitors from any part of the country will be welcomed.

ARKANSAS

THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold a meeting at the State Capitol in Little Rock on Thursday and Friday, October 1 and 2. All applications for registration must be in the hands of the secretary-treasurer, Mrs. F. W. Aydlett, 1200 Park avenue, Little Rock, not later than September 15, 1914.

NORTH DAKOTA

Bismarck.—THE BISMARCK EVANGELICAL HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises on June 9. Dr. V. J. LaRose gave the annual address. The diplomas were presented by the superintendent, Rev. C. A. Bremer. Following the exercises a reception was tendered the class and their

friends. On Sunday June 7, a special sermon was preached to the graduating class, at the German Evangelical Church by Rev. Wm. Suckow. On June 12 the Alumnae Association held its Annual Business Meeting and banquet.

Valley City.—ELIZABETH PAUL has left North Dakota to take up work in Chicago, having charge of the Jefferson Polyclinic Hospital.

NEBRASKA

Lincoln.—THE NURSES OF THE GREEN GABLES SANATORIUM enjoyed a two-weeks visit from Miss H. J. Fisher who was superintendent of nurses for nine years and the first superintendent of the training school. An alumnae association was organized at this time with sixteen members.

The State Board Examination held in May presented the following questions.

Obstetric Nursing and Gynecology.—(1) a. What is the pelvis? b. What organs does it contain? (2) What are the signs of pregnancy? (3) What abnormal conditions may arise during pregnancy? (4) Describe the following; placenta praevia, abortion, extra-uterine pregnancy, meconium. (5) What are the signs and symptoms of actual labor? (6) What care would you give the eyes of the new-born? (7) Give temperature of water of the first bath. (8) What is menopause? b. Mention some attendant symptoms indicating the necessity of medical aid. (9) Give in detail the post-operative care of a perineorrhaphy. (10) Describe the positions for pelvic examinations. (11) How may a patient be encouraged to void after operation? (12) What would you do for post-partem hemorrhage in the absence of the physician?

Medical Nursing and Hygiene.—(1) State cause and symptoms of bed sores. (2) Describe first aid treatment for burns. (3) How would hemorrhage from the lungs be distinguished from hemorrhage of the stomach? (4) What care would you give the mouth of a typhoid fever patient? Why is this so important? (5) What is the significance of a sudden drop in temperature of a typhoid fever patient? (6) What special care is given a patient with an acute contagious eye infection? (7) What symptoms would you watch for in acute nephritis? (8) How would you prepare a patient to be released from isolation? (9) What precautions could a nurse use for herself in nursing an infectious disease? (10) Describe an ideal sick room from a hygienic standpoint. (11) Why is bathing so important to health? (12) a. What is the proper method of giving a hot pack? b. A bladder irrigation?

Materia Medica and Urinalysis.—(1) Name 3 saline cathartics, state briefly how they act. Give doses and mode of administering. (2) Give therapeutic action of arsenic and dosage of Fowler's solution. (3) a. How does strychnine affect the heart, the pulse, respiration? b. Give treatment of strychnine poisoning. (4) a. Give action of morphine. b. Give doses of following preparations: morphine sulphate, codeine sulphate and camphorated tincture of opium. (5) Name 3 coal tar antipyretics. What are the therapeutic uses of these drugs? What is the dose? (6) a. Compare the anaesthetic action of ether and chloroform. b. What 3 things should be done in collapse during an anaesthetic. (7) How many cubic centimetres in 1 fluid drachm? How many cubic centimetres in 1 fluid ounce? How many cubic centimeters in 1 pint? (8) What is digitalis? Give therapeutic action. What are its disadvantages? Name three important preparations and their doses. (9) Give five important rules in administering medicines? (10) Define the following terms: anodyne, hypnotic, mydriatic, diaphoretic, antipyretic, emmenagogue. (11) In what five ways are medicines

introduced into the circulation? (12) How would you proceed to collect a twenty-four hour specimen of urine and give a four ounce specimen for analysis.

Dietetics.—(1) What is food? What is meant by food principles? Name them, give their functions and tell the chemical they contain. (2) What is a calorie? How many calories in a gram of protein, fat, carbohydrates? How many calories in a pound of protein, fat, carbohydrates? (3) Explain the process and changes that take place in the digestion of proteins, carbohydrates and fats. (4) What is a beverage? Name six uses. (5) Explain the difference between plain, certified, pasteurized and sterilized milk. (6) Tell how you would prepare a cup of tea, coffee and cocoa. (7) What food principle is to be guarded against in the diet of a diabetic? Name some foods that may be given. Name some foods that should not be given. (8) What are the essential points in cooking starched food? How should meat be cooked in order to retain its juices? How should meat be cooked if it is desired to extract the juices? (9) In serving food to the sick, name five principles that should govern the nurse. (10) Name three chief purposes of cooking food. (11) What is the proper way to boil an egg, to cook rice, to make custard and make junket and give your reason for so doing? (12) In preparing a meal for a patient in a home, what should be the nurse's aim?

Children's Diseases.—(1) Describe in detail the care you would give a child with pneumonia. (2) How would you instruct a mother to give a sick baby a bath? (3) Give five general suggestions on the care and feeding of infants. (4) Give five general suggestions on the home conditions which should exist for healthy children. (5) What will you do for a baby with diarrhea? (6) Give some suggestions for the amusement of children convalescing from contagious diseases. (7) Have you been taught to wash a baby's mouth, and if not, why not? (8) How would you relieve by external measures the itching of the acute eruptions of childhood diseases? (9) Define pediatrics. (10) Give symptoms of adenoids in children. (11) What care and management would you give a child with whooping cough? (12) Name some common complications of diphtheria, and of scarlet fever.

Surgery and Bacteriology.—(1) What after care should be given a patient who has had a perineorrhaphy? (2) What articles should be ready for the administration of chloroform? (3) Describe the care the nurse should give a patient who is under a general anaesthetic. (4) Describe the method of preparing the field of operation for an abdominal section. (5) Define: a, asepsis; b, antisepsis; c, sterilization; d, disinfection. (6) Discuss briefly the question of a nurse wearing on the street the same uniform which she wears on duty in a hospital. (7) State chief complications that may occur after an abdominal operation. Symptoms of each. (8) What are bacteria? (9) Name four conditions necessary for the growth of bacteria. (10) What causes decomposition? (11) Describe isolation and disinfection in contagious diseases under the following heads: a, The patient; b, The nurse; c, The physician; d, Excreta; e, Dishes used by the patient.

Nervous and Mental Nursing.—(1) What are the symptoms of apoplexy? (2) What are the important points to remember in nursing a patient with paralysis? (3) What are the symptoms of chorea? (4) What advice would you give a mother whose child attending school is suffering from chorea? (5) What are the special points to be observed in nursing patients with meningitis? (6) Mention the important care to be taken when restraint is necessary to control a patient. (7) (8) What are some of the essential qualifications of a nurse for the successful care of neurasthenic patients? (9) How should a nurse deal with hysterical

patients? (10) In examining a person whom you found unconscious, what particulars would you note? (11) How would you distinguish between insanity and delirium? (12) Define mania, hallucination, delusion, illusion, and give an illustration of each.

Anatomy and Physiology.—(1) Name the three cavities of the body. (2) How many bones in the lower extremity? (3) What functions are performed by the skin? (4) a. Name the divisions of the small intestines, large intestines. b. What is the pylorus? (5) When is a limb flexed? extended? abducted? adducted? retarded? (6) a. Give four important functions of the blood. b. Composition of the blood. (7) a. Give an example of each kind of tissue. b. Where found. (8) Describe the heart as to tissue, size, location in thorax, cavities, valves. (9) a. Name the division of the respiratory tract. b. What takes place in the lungs during respiration? (10) Name the digestive juices, and the more important enzymes and state their action. (11) a. What is absorption? b. By what paths do food stuffs find their way into the blood? (12) Give the functions of the sympathetic system.

COLORADO

Pueblo.—THE NURSES' ALUMNAE ASSOCIATION OF THE MINNEQUA HOSPITAL elected the following officers recently: president, Mrs. M. Stevens; secretary, Miss A. Clark; treasurer, Mrs. G. Heaton.

THE OFFICERS OF THE PUEBLO TRAINED NURSE ASSOCIATION are: president, Mary C. Haarer; secretary, Juva G. Crowley; corresponding secretary, Elsie Dayton; treasurer, Mrs. W. O. Peterson.

LILLIAN PYES, a recent graduate of the Minnequa Hospital, has been appointed head nurse on the surgical ward.

MARY SCOTT, formerly chief surgical nurse at the City Hospital, Minneapolis, Minnesota, has been appointed superintendent of nurses at the Colorado Southern Hospital.

MYONA MACKLEY, a graduate of the German Hospital, Philadelphia, has been in charge of the Sutherland Hospital since December.

LOUISE BLAIR, class of 1910, Sutherland Hospital, is nursing in Torrington, Wyoming.

CANADA

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES held its eighth annual meeting in Halifax, Nova Scotia, on July 8 and 9. Delegates were present from Vancouver, B. C. to Newfoundland. The election of officers for the coming year resulted as follows: president, Helen Randall, Vancouver General Hospital; vice-presidents, Miss V. L. Kirke, Victoria Hospital, Halifax, and Miss Stanley, Victoria Hospital, London, Ontario; secretary, Lillian C. Phillips, Montreal; treasurer, Alice J. Scott, Toronto; councillors, Miss Stuart, Guelph; Miss Bridgeman, Aylmer, Ont., Miss Young, Montreal; Miss Flaws, Toronto; Miss Catton, Ottawa.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES has elected the following officers for the ensuing year: president, Miss S. P. Wright; vice-presidents, Miss Kirke and Miss Goodhue; treasurer, Miss Desbrisay; secretary, Miss J. T. Gunn.

BIRTHS

Recently, a son, Lester, to Mr. and Mrs. Coleman. Mrs. Coleman was Alice Brownson, class of 1908, Grace Hospital, New Haven, Connecticut.

MARRIAGES

On May 28, Eleanor McLean, class of 1899, Christ Hospital Training School, Jersey City, New Jersey, to William Ritchie.

On June 8, Harriet H. Jordan, class of 1894, Christ Hospital Training School, Jersey City, to Clarence V. Steinhardt.

On July 6, Louise M. Dodd, class of 1909, Christ Hospital Training School, Jersey City, New Jersey, to Robert Wier.

On May 28, at Walford, Texas, Juno M. Mullen, graduate of the Iowa City Hospital Training School, to Rev. J. W. Ivy.

On July 1, at Danville, Kentucky, Myrtle McClelland, to Mr. J. B. Hatfield. Mr. and Mrs. Hatfield will live at Highland Park, a suburb of Louisville.

On July 21, at Colebrook River, Connecticut, Maude Elizabeth Rowley, class of 1911, Rhode Island Hospital, to Charles W. Church. Mr. and Mrs. Church will live in Taunton, Massachusetts.

In New Bedford, Massachusetts, at the residence of Rev. Henry E. Edenberg, E. Maude Walters, class of 1913, Rhode Island Hospital, to Ross D. Sampson. Mr. and Mrs. Sampson will live in Nashville, Tennessee.

On May 13, at Olathe, Kansas, Genalia Louise Wolf, class of 1912, St. Joseph's Hospital, Kansas City, to Orval Ferguson. Mr. and Mrs. Ferguson will live in Odessa, Missouri.

On July 23, at Altoona, Pennsylvania, Mamie McIntyre, class of 1913, Altoona Hospital, to Robert G. Browley.

On July 13, at Philadelphia, Lucille M. Dalton, class of 1913, Altoona Hospital, to William Hughes.

On June 25, at Manila, Philippine Islands, Blanche Martin, class of 1905, Howard Hospital, Philadelphia, to John Bowden Greata. Mr. and Mrs. Greata will live in Manila.

On August 11, at Mission Church, Boston, Massachusetts, Mary Loretta Gerrin, class of 1910, Boston City Hospital, to Melville Weeks of Regina, Saskatchewan, Canada. Miss Gerrin was lately superintendent of nurses at the Psychopathic Hospital, Boston, Massachusetts.

On June 30, 1914, at Cape Traveise, Prince Edward Island, Annie L. MacNeill, class of 1893, Boston City Hospital, to Harry Muttart. Mr. and Mrs. Muttart will live in Summerside, Prince Edward Island.

Recently, at her home in Three Rivers, Massachusetts, Ida Jackowitz, class of 1911, Grace Hospital, New Haven, to Harold Davis.

DEATHS

On June 3, at Los Angeles, California, May Scott, class of 1901, Christ Hospital Training School, Jersey City, New Jersey. Miss Scott was ill for some time. Previous to her illness she had been doing private nursing.

On February 12, near Baltimore, Maryland, after an illness of nearly six years, Nina J. Luttrell, class of 1897, Maryland General Hospital, Baltimore. Her loss will be mourned by her many friends.

On July 2, at St. Mary's Hospital, Passaic, New Jersey, Henrietta Desmet, a pupil nurse in the training school, from an attack of pneumonia. Miss Desmet was an apt pupil while in training and had made an admirable record. Her death was a peculiarly sad one, following as it did only one week after her graduation, the exercises of which she was unable to attend. She was dressed in her uniform for burial, with her diploma in her hand and her school pin clasped at the collar. Six classmates, also dressed in uniform, acted as honorary pall-bearers. Miss Desmet will be greatly missed by her schoolmates and many friends.

TOO LATE FOR CLASSIFICATION

WEST VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA will hold its ninth annual meeting and the Superintendents of Training Schools their fifth annual meeting at the Hotel Windsor, Wheeling, September 1-4. An outline of the program is: September 1, superintendents' meeting, morning and afternoon sessions, with addresses by Mrs. Lounsbery, Lena A. Warner of Tennessee and Mrs. Fontaine, and a discussion on the curriculum, led by Mrs. Susan Cook. An evening reception at the Ohio Valley General Hospital by the Woman's Hospital Association. September 2, morning session, business and reports; afternoon, general subject, Tuberculosis, reports from various cities, addresses by Stella Tappan, Miss Feely, Dr. Harriet B. Jones and Dr. John W. Gilmore. Evening, banquet given by the Ohio County Graduate Nurses' Association. September 3, morning, at the Ohio Valley General Hospital, address by Lena A. Warner, demonstration of teaching methods by Harriet M. Phalen, inspection of hospital; afternoon, address by Jennie Quimby, paper on School Nursing by Clara Ross, reading of paper contributed by Carolyn Van Blarcom, paper on Public Welfare by Pressie L. Reed, The X-Ray, Dr. W. A. Quimby, papers by Catharine Moriarty and Mrs. R. J. Bullard. Red Cross meeting. Evening, Inspection of Wheeling Hospital. September 4, papers by Dr. W. S. Dysinger, Dr. S. L. Jepson, Jane A. Delano, Mrs. M. J. Steele, and Dr. Wingerter.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R. N.

BLACK'S MEDICAL DICTIONARY. By John D. Comrie, M.A., B.Sc., M.D., F.R.C.P. Edinburgh. Lecturer on History of Medicine, University of Edinburgh; Lecturer on Clinical Medicine, University of Edinburgh; Assistant Physician, Royal Infirmary, Edinburgh; Assistant Physician, Deaconess Hospital, Edinburgh; Editor of "Edinburgh Medical Series." Fifth Edition, completing thirty thousand, containing 431 illustrations and 12 plates in color. New York, the Macmillan Company; London, Adam and Charles Black.

This book may better be described as an abridged encyclopedia of medicine rather than by its given title of "Dictionary." There is no claim made that the book includes all the latest words introduced into medicine and surgery. Its text is largely made up from the articles contributed to the *Encyclopedia Britannica*, which have been brought up to date and copiously revised by the author. It is intended for the use of the unskilled who may find themselves forced to assume the duties of doctor or nurse. "Brief notices of anatomy or physiology precede the lists of diseases to which the various bodily organs are liable. They have been designed mainly with the object of making clear to the reader what are the normal functions and how these are affected by disease. With regard to such practically important matters as those in which the unskilled person can safely be trusted to render aid to the injured and to increase the comfort of the sick, full details have been given. It is hoped therefore, that these articles will be found useful to district nurses, ship captains, dwellers in remote districts and others who may be called upon to treat the suffering in the absence of trained supervision. Those subjects, on the contrary, which are of a more theoretical and intricate nature are sketched only in outline. In this connection too, it may be noted, that almost no reference has been made to diagnosis, a highly technical matter, which lies entirely within the province of the trained medical man." This rather extensive transcript from the text shows admirably what the book aims to do and the ground it covers.

ANATOMY AND PHYSIOLOGY. For Training Schools and Other Educational Institutions. By Elizabeth Bundy, M.D. Member of the Medical Staff Woman's Hospital of Philadelphia; Formerly Adjunct Professor of Anatomy and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; Formerly Superintendent of the Connecticut Training School for Nurses, New Haven. Third Edition, revised and enlarged. With a glossary and 233 illustrations, 43 of which are printed in colors. Octavo, 423 pages. Price, \$1.75. P. Blakiston and Company, 1012 Walnut St., Philadelphia.

Bundy's Anatomy and Physiology needs no introduction to the readers of the American Journal of Nursing, many of whom have been taught from its pages. The new edition deserves more than a passing word. It has been very carefully revised and the text enlarged. The original purpose of the author, namely to provide a special textbook of Anatomy, has in no degree been abandoned, since a knowledge of form and structure must necessarily precede the study of function, whether in training for the care of the sick or for developing and preserving the health of the well.

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